

Medicare Directory of Prevailing Charges 1984

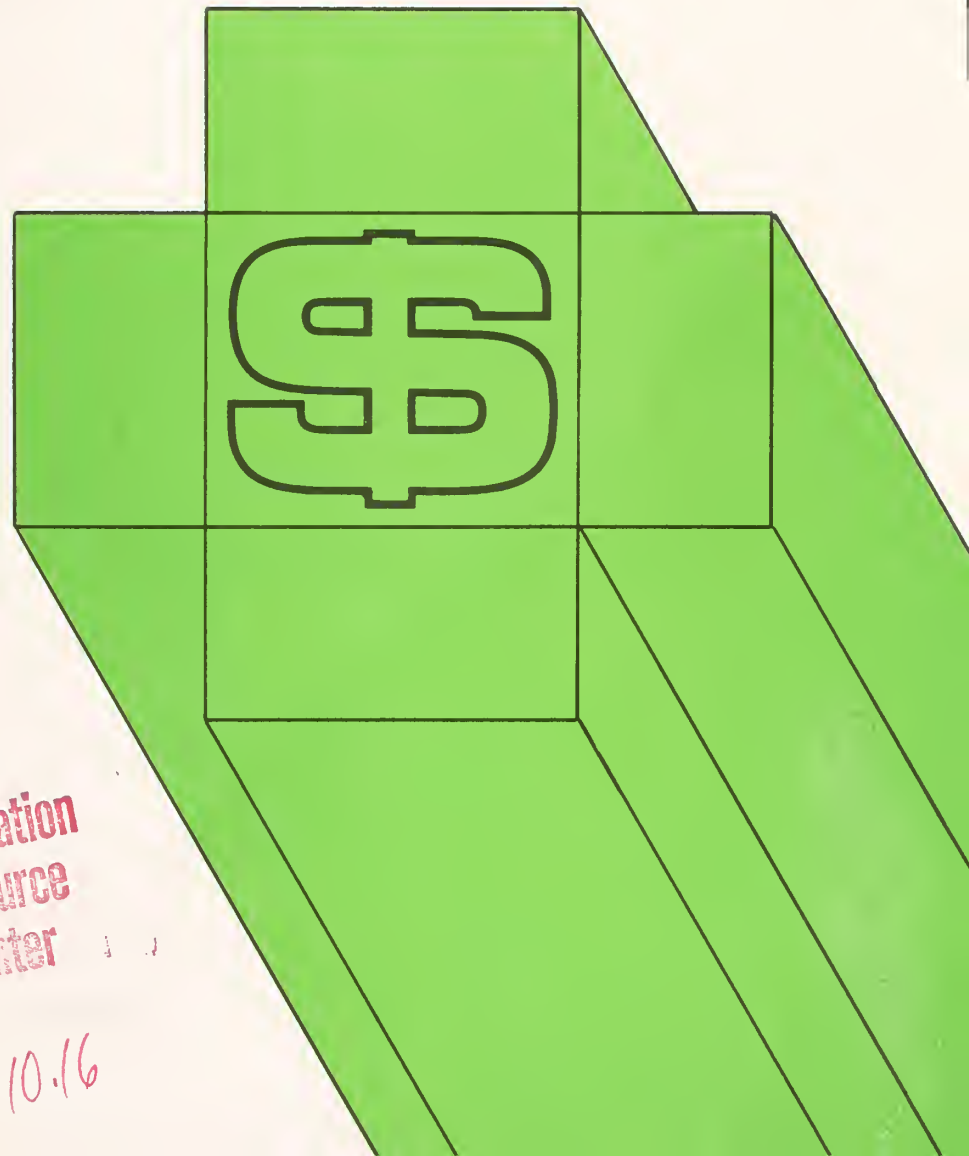


U.S. Department
of Health and
Human Services

Health Care
Financing
Administration

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Resource
Center

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THE MEDICARE DIRECTORY
OF
PREVAILING CHARGES
FEE SCREEN YEAR 1984

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Introduction

This directory contains Fee Screen Year 1984 Medicare reimbursement data based on physician charges submitted to Medicare during calendar year 1982 in each of the reasonable charge localities within each Part B carrier's service area.

Maps are provided for each State which outline the separate charge districts (localities) the carriers use in reimbursing claims under the Medicare program. The counties within each locality are listed to aid in identifying the exact geographic breakdowns. More detailed locality information can be obtained on selected carriers by referring to Appendix A in the back of the directory.

This directory was compiled from magnetic tapes submitted by each of the carriers. Every effort has been made to minimize errors in the data displayed for each of the carriers however because of differences in coding systems it may sometimes be necessary to consult directly with the carrier for clarification.

EXPLANATION OF MEDICARE CHARGE DATA

The dollar amounts shown in the directory are the prevailing charges in the indicated locality for each of the services listed. Except where there are unusual circumstances or medical complications so that more than the normal service is provided, these figures represent the highest dollar amounts that Medicare can use in determining the medical insurance benefits which can be paid on Medicare claims for services in the locality. Other factors, explained below, are also used in determining the medical insurance benefit that is payable.

How The Medicare Allowed Amount Is Determined

Under the law, the allowed amount for a given service shown on a medical insurance claim is generally the lowest of (1) the actual charge made by the physician for the service; (2) the customary charge generally made for that service by the physician; (3) the prevailing charge, which is the charge most physicians in the locality would find acceptable for that service; or (4) the charge that would be recognized by the carrier for its own (non-Medicare) subscribers or policy holders for the service.

The rules that are applicable in calculating the amounts allowed for physicians' services also apply to other services covered under the medical insurance program.

How The Medicare Prevailing Charge Is Determined

Under the law, just before the beginning of each fiscal year Medicare must review the actual charges billed by physicians in the preceding calendar year. The mid-point of these actual charges by a physician for a service is established as his customary charge for that service. The prevailing charge is then established at the 75th percentile of all the individual physicians' customary charges for each service. In effect, the prevailing charge for any given service is the amount which is high enough to cover in full the customary charges of those physicians whose billings accounted for at least 75 percent of all claims for that service in the locality in the preceding calendar year.

The amount of the prevailing charge recognized under Medicare is also affected by an additional program restraint. In accordance with Medicare law, prevailing charge levels for physicians services for any fiscal year after fiscal year 1973 may not exceed the fiscal year 1973 level except to the extent justified by an economic index that reflects changes in the costs of physician practice and in general earnings levels.

The prevailing charge data represents the maximum amounts upon which reimbursement is based with the Medicare Part B program. It also reflects the influence of the Economic Index Provisions. For each locality, prevailing charges are listed for 29 medical services performed by General Practitioners (GP) and for 100 physician services performed by medical Specialists. Where the carrier makes no specialty differentiation in its screens, the top of the page states "combined locality designation". Blank spaces in the prevailing charge columns indicate that (a) prevailing charge data was not collected for the GP specialty category, (b) the procedure is not performed in the locality, or (c) the carrier does not use the same definition of the procedure as listed. When an asterisk (*) appears beside a charge, it means that the charge is adjusted by the application of the economic index. When a letter "P" appears next to a charge, the amount represents the Professional component only. The letter "L" stands for the lowest charge levels applying to selected laboratory and durable medical equipment screens. The physician procedure (excluding lab and DME) lists represent the amounts established at the "freeze" level and will continue to be in effect until October 1, 1985.

When reviewing the specialist charge screen data, it should be noted that the amounts represent the prevailing charge screen for the specialist who most frequently performs these procedures. Therefore, the procedure list in Table A contains the category of medical specialists for which charge screen data was collected for the 103 procedures. Seven additional procedures are listed for durable medical equipment.

If you have any questions about the data or locality information displayed in this directory, please direct your questions to James Barnett (301-594-6743), Health Care Financing Administration, Bureau of Program Operations, Room 367 Meadows East Building, 6325 Security Boulevard, Baltimore, Maryland 21207. For technical questions involving computer programming of the data, contact our Bureau of Support Services (301-594-0810).

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Table A

Terminology Used in the Medicare Directory of Prevailing Charges

Due to studies of high volume medical procedures conducted in the past, only 30 of the 110 procedures will have prevailing charge screens recorded for both General Practitioners and selected Specialists. The remaining procedures will have charge screens relating only to the category of specialist specified below:

<u>Procedure</u>	<u>Terminology</u>	<u>Specialist(s)</u>
1	Initial Brief Office Visit	Internist
2	Initial Limited Office Visit	GP, Internist
3	Initial Intermediate Office Visit	Internist
4	Initial Comprehensive Office Visit	GP, Internist
5	Minimal Followup Office Visit	GP, Internist
6	Brief Followup Office Visit	GP, Internist
7	Limited Followup Office Visit	GP, Internist
8	Intermediate Followup Office Visit	GP, Internist
9	Extended Followup Office Visit	GP, Internist
10	Comprehensive Followup Office Visit	GP, Internist
11	Brief Followup Home Visit	GP, Family Practitioner
12	Limited Followup Home Visit	Family Practitioner
13	Intermediate Followup Home Visit	GP, Family Practitioner
14	Extended Care Facility Visit	Internist
15	Brief Followup Nursing Home Visit	GP, Internist
16	Initial Brief Hospital Visit	GP, Internist
17	Initial Intermediate Hospital Visit	Internist
18	Initial Comprehensive Hospital Visit	GP, Internist
19	Brief Followup Hospital Visit	GP, Internist
20	Limited Followup Hospital Visit	GP, Internist
21	Intermediate Followup Hospital Visit	GP, Internist
22	Extended Followup Hospital Visit	Internist
23	Brief Emergency Room Visit	Internist
24	Limited Emergency Room Visit	Internist
25	Intermediate Emergency Room Visit	Internist
26	Limited Consultation	GP, Internist
27	Extensive Consultation	Internist
28	Comprehensive Consultation	Internist
29	Psychotherapy-One Hour	Psychiatrist
30	Psychotherapy-Half Hour	Psychiatrist

<u>Procedure</u>	<u>Terminology</u>	<u>Specialist(s)</u>
31	Chiropractic office Visit	Chiropractor
32	Initial Physiotherapy	Physical Therapist
33	Followup Podiatric Office Visit	Podiatrist
34	Electrocardiogram (EKG)	GP, Internist
35	EKG-Interpretation, Report Only	GP, Internist
36	Spirometry	Pulmonary Specialist
37	Electroencephalogram (EEG)	Neurologist
38	Chemotherapy	Internist
39	Collection of Specimens	Laboratory <u>1/</u>
40	Debridement of Nails	Surgeon
41	Skin Biopsy	Surgeon
42	Chemocautery	Surgeon
43	Radical Mastectomy (Modified)	Surgeon
44	Open Reduction of Fracture	Orthopedic Surgeon
45	Arthrocentesis-Major Joint	Orthopedic Surgeon & G.P.
46	Coronary by-pass (three or more arteries)	G.P. Cardiovascular Surgeon
47	Artificial Hip Replacement	Orthopedic Surgeon
48	Needle Puncture of Bursa	Internist
49	Bronchoscopy	Internist
50	Thoracentesis	General Surgeon
51	Catherization of Heart	Cardiologist
52	Insertion of Pacemaker	Cardiologist
53	Partial Colectomy	General Surgeon
54	Appendectomy	General Surgeon
55	Sigmoidoscopy	GP, General Surgeon
56	Hemorrhoidectomy	General Surgeon
57	Cholecystectomy	General Surgeon
58	Repair Hernia	General Surgeon
59	Diagnostic Cystourethroscopy	GP, Urologist
60	Dilation of Urethra	Urologist
61	Prostatectomy	Urologist
62	Electrosection-Prostate (TUR)	GP, Urologist
63	Hysterectomy	Obstetrician-Gynecologist
64	Initial Complete Eye Exam	Ophthalmologist
65	Comprehensive Eye Exam	Ophthalmologist
66	Eye Exam with Tonometry	Ophthalmologist
67	Extraction of Lens	GP, Ophthalmologist
68	Chest X-ray-Single View	GP, Radiologist
69	Chest X-ray-Two Views	GP, Radiologist
70	X-ray-Spine	Radiologist

1/ Without regard to medical specialty or place where service was performed.

Procedure

71	X-ray-Hip	Radiologist
72	X-ray-Upper GI Tract	GP, Radiologist
73	X-ray-Colon	Radiologist
74	Radiation Therapy-Low Volt	GP, Radiologist
75	Radiation Therapy-Super Volt	GP, Radiologist
76	Radiation Therapy-Megavolt	Radiologist
77	CAT Scan-Head	Radiologist
78	CAT Scan-Abdomen	Radiologist
79	Three Chemistry Tests	Laboratory ^{1/}
80	Twelve Chemistry Tests	Laboratory
81	Culture-Other than Blood	Laboratory
82	Hemoglobin	Laboratory
83	Automated Blood Count	Laboratory
84	White Cell Count	Laboratory
85	Complete Blood Count (CBC)	Laboratory
86	Cholesterol Test	Laboratory
87	Flocculation Test	Laboratory
88	Hematocrit	Laboratory
89	Platelet Count (Rees-Ecker)	Laboratory
90	Potassium Test	Laboratory
91	Prothrombin Time Test	Laboratory
92	Sedimentation Rate	Laboratory
93	Blood Sugar	Laboratory
94	BUN-Urea Nitrogen	Laboratory
95	Uric Acid	Laboratory
96	Feces-Occult Blood	Laboratory
97	Pap Test	Laboratory
98	Routine Urinalysis	Laboratory
99	Chemical Urinalysis	Laboratory
100	Pathology-Three Specimens	Laboratory

^{1/} Without regard to medical specialty or place where service was performed.

<u>Procedure</u>		<u>Specialist(s)</u>
101	Monitoring of Pacemaker	Cardiologist
102	Donor Nephrectomy	Urology
103	Kidney Transplant	Urology
<u>Rental Equipment</u>		
104	Standard Hospital Bed	No speciality
105	Standard Walker	No speciality
106	Standard Wheelchair	No speciality
107	Liquid Oxygen System	No speciality
<u>Purchased Equipment</u>		
108	Standard Hospital Bed	No speciality
109	Standard Walker	No speciality
110	Standard Wheelchair	No speciality

ALABAMA

ALA

01 06 02 06 02 06 05 05 02 03 06 03 06 03 06 04 03 06 03 06 03

LAUDERDALE FLORENCE LIMESTONE MADISON HUNTSVILLE JACKSON
COLBERT 01 DECATUR MORGAN MARSHALL 02 DE KALB
FRANKLIN LAWRENCE CULLMAN BLOUNT ETOWAH 06 CHEROKEE
MARION WINSTON 06
LAMAR FAYETTE 02 WALKER 05 ST. CLAIR 02 CALHOUN CLEBURNE
PICKENS 02 TUSCALOOSA 05 SHELBY TALLADEGA CLAY RANDOLPH
GREENE HALE BIRMINGHAM CHILTON COOSA TALLAPOOSA CHAMBERS
SUMTER 06 PERRY AUTAUGA ELMORE LEE
BARENGO 03 DALLAS 06 LOWMEDES 03 MONTGOMERY BACON 06 RUSSELL
CHOCTAW WILCOX BUTLER CHEROKEE BULLOCK BARBOUR
CLARKE 06 MOBILE 04 CLAYTON COFFEE DALE HENRY
WASHINGTON ESCAMBIA COVINGTON 06 GENEVA 03 HOUSTON

MOBILE MOBILE BALDWIN

Six Localities:

01 - Seven N.W. Count
02 - Six North Centra
03 - Eight S.E. Count
04 - Two S.W. Countie
05 - One large Metrop
06 - Forty-one small

- 01 - Seven N.W. Counties
- 02 - Six North Central Counties
- 03 - Eight S.E. Counties
- 04 - Two S.W. Counties
- 05 - One large Metropolitan County
- 06 - Forty-one small Rural Counties

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1984 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF ALABAMA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ALABAMA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT					15.50*	14.40*	20.70*	20.70*	1
2 INITIAL LIMITED OFFICE VISIT	12.40*	15.00	14.00*	14.40*	15.50*	14.40*	15.00	20.70*	2
3 INITIAL INTERMED OFFICE VISIT					45.00	40.00	30.00	45.00	3
4 INITIAL COMP OFFICE VISIT	35.00	35.00	32.90*	30.00	51.50*	61.90*	72.20*	70.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	12.00	13.00	14.00	12.00	15.00	13.00	16.00	12.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.40*	15.00	14.00*	14.40*	15.50*	14.40*	20.00	20.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	12.40*	15.00	14.00*	14.40*	15.50*	14.40*	20.70*	20.70*	7
8 INTERMEDIATE F/U OFFICE VISIT	18.00	20.00	20.00	18.00	20.00	18.00	20.70*	24.00	8
9 EXTENDED F/U OFFICE VISIT	20.70*	20.70*	23.60*	20.00	31.00*	31.00*	20.70*	22.00	9
10 COMP FOLLOWUP OFFICE VISIT	35.00	35.00	31.10*	31.00*	40.00	60.00	61.90*	72.20*	10
11 BRIEF FOLLOWUP HOME VISIT	20.70*	20.70*	31.00*	24.80*	20.70*	20.70*	20.70*	20.70*	11
12 LIMITED FOLLOWUP HOME VISIT					20.70*	20.70*	20.70*	20.70*	12
13 INTERMEDIATE F/U HOME VISIT	20.70*	20.70*	20.00	24.80*	20.70*	20.70*	20.70*	20.70*	13
14 EXTENDED CARE FACILITY VISIT					15.50*	14.40*	17.00	17.00	14
15 BRIEF F/U NURSING HOME VISIT	15.00	15.00	15.00	15.00	20.70*	24.80*	25.00	20.70*	15
16 INITIAL BRIEF HOSPITAL VISIT	50.00	35.00	50.00	50.00	51.50*	61.90*	70.00	61.90*	16
17 INIT INTERMED HOSPITAL VISIT					51.50*	61.90*	72.20*	61.90*	17
18 INITIAL COMP HOSPITAL VISIT	51.50*	51.50*	50.00	51.50*	51.50*	61.90*	72.20*	61.90*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.70*	14.40*	16.30*	20.70*	20.70*	14.40*	20.70*	20.70*	19
20 LIMITED F/U HOSPITAL VISIT	20.00	14.40*	16.30*	20.00	20.70*	14.40*	20.70*	20.70*	20
21 INTERMED F/U HOSPITAL VISIT	20.70*	14.40*	16.30*	20.00	20.70*	14.40*	20.70*	20.70*	21
22 EXTENDED F/U HOSPITAL VISIT					20.70*	14.40*	20.70*	20.70*	22
23 BRIEF EMERGENCY ROOM VISIT					25.00	25.00	25.00	10.00	23
24 LIMITED EMERGENCY ROOM VISIT					27.00	27.00	27.00	25.00	24
25 INTERMED EMERGENCY ROOM VISIT					35.00	45.00	40.00	40.00	25
26 LIMITED CONSULTATION	30.00	30.00	30.00	30.00	51.50*	58.00	50.00	61.90*	26
27 EXTENSIVE CONSULTATION					60.00	60.00	72.20*	72.20*	27
28 COMPREHENSIVE CONSULTATION					75.00	76.00	72.20*	72.20*	28
29 PSYCHOTHERAPY-ONE HOUR					60.00	50.00	60.00	60.00	29
30 PSYCHOTHERAPY-HALF HOUR					28.50*	30.00	28.50*	28.50*	30
31 CHIROPRACTIC OFFICE VISIT					14.00	12.40*	11.50L	16.30L	31
32 INITIAL PHYSIOTHERAPY									32
33 F/U PODIATRIC OFFICE VISIT					18.50*	18.50*	18.50*	20.00	33
34 ELECTROCARDIOGRAM (EKG)	31.00*	30.00	31.00*	28.00	30.00	30.00	30.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.00	7.00	15.00	15.00	15.00	15.00	15.00	15.00	35
36 SPIROMETRY					20.00	20.00	20.00	20.00*	36
37 ELECTROENCEPHALOGRAM (EEG)					87.60*	79.40*	92.60	92.60	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					16.20L	16.20*	16.20L		40
41 SKIN BIOPSY					40.00*	36.10*	54.00	40.00*	41
42 CHEMOCAUTERY					6.30L	5.20L		7.80*	42
43 RADICAL MASTECTOMY					1081.50*	1081.50*	1081.50*	1081.50*	43
44 OPEN REDUCTION OF FRACTURE					1031.70*	1031.70*	1031.70*	1031.70*	44
45 ARTHROCENTESIS-MAJOR JOINT	27.40*	10.00	20.70*	24.90*					45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					1871.30*	1871.30*	1871.30*	1871.30*	47
48 NEEDLE PUNCTURE OF BURSA					22.00	20.00		20.00	48
49 BRONCHOSCOPY					206.30*	300.00	206.30*	206.30*	49
50 THORACENTESIS					75.00	72.60*	51.50*	49.00*	50
51 CATHETERIZATION OF HEART						434.00*	550.00		51
52 INSERTION OF PACEMAKER						1000.00	1000.00	1000.00	52
53 PARTIAL COLECTOMY					1134.70*	928.40*	1134.70*	1134.70*	53
54 APPENDECTOMY	395.70*	374.60*	286.40*		376.10*	412.80*	356.40*	344.10*	54
55 SIGMOIDOSCOPY					50.00	37.20*	50.00	50.00	55

1984 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF ALABAMA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ALABAMA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIDECTOMY					433.20*	433.20*	433.20*	433.20*	56
57 CHOLECYSTECTOMY					722.00*	722.00*	722.00*	773.90*	57
58 REPAIR HERNIA					515.70*	433.20*	412.70*	464.25*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY		76.50*	80.00		90.00	80.00	65.00*	70.00	59
60 DILATION OF URETHRA					24.90*	23.00	24.00	25.00	60
61 PROSTATECTOMY - SUPRAPUBIC					1031.70*	928.40*	1031.70*	1031.70*	61
62 ELECTROSECTION-PROSTATE (TUR)					825.40*	877.00*	907.90*	975.00	62
63 HYSTERECTOMY					900.00	900.00	900.00	900.00	63
64 INITIAL COMPLETE EYE EXAM					28.70*	23.20*	21.70*	35.00	64
65 COMPREHENSIVE EYE EXAM					36.50	26.25*	39.80*	38.50	65
66 EYE EXAM WITH TONOMETRY					18.00	15.50*	18.10*	18.00	66
67 EXTRACTION OF LENS					928.40*	928.40*	950.00	928.40*	67
68 CHEST X-RAY - SINGLE VIEW					26.90*	26.90*	20.70*	26.90*	68
69 CHEST X-RAY - TWO VIEWS	31.00*	31.00*	31.00*	31.00*					69
70 X-RAY SPINE					54.00	54.00	55.90*	54.00	70
71 X-RAY HIP					41.20*	41.20*	41.20*	41.20*	71
72 X-RAY UPPER GI TRACT	65.00	65.00	65.00						72
73 X-RAY COLON					72.20*	72.20*	79.00	72.20*	73
74 RADIATION THERAPY-LOW VOLT					19.70*	20.70*	19.30*	20.70*	74
75 RADIATION THERAPY-SUPER VOLT					22.75*		25.00*	24.80*	75
76 RADIATION THERAPY-MEGAVOLT					31.00*	41.20*	31.10*	31.00*	76
77 CAT SCAN - HEAD					300.00	300.00		300.00	77
78 CAT SCAN - ABDOMEN								310.00*	78
79 THREE CHEMISTRY TESTS					20.00L	20.00L	20.00L	20.00L	79
80 NINETEEN CHEMISTRY TESTS					30.00L	30.00L	30.00	30.00L	80
81 CULTURE - OTHER THAN BLOOD					20.00	20.00	20.00	20.00	81
82 HEMOGLOBIN					4.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					12.50	12.50	12.50	12.50	83
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					8.00	8.00	8.00	8.00	85
86 CHOLESTEROL TEST					6.50L	6.50L	6.50L	6.50L	86
87 FLOCCULATION TEST					8.00	8.00	8.00L	8.00L	87
88 HEMATOCRIT					4.50L	4.50L	4.50L	4.50L	88
89 PLATELET COUNT (REES-ECKER)					12.00	12.00	12.00L	12.00	89
90 POTASSIUM TEST - BLOOD					10.00L	10.00	10.00	10.00	90
91 PROTHROMBIN TIME TEST					6.50L	6.50L	6.50L	6.50L	91
92 SEDIMENTATION RATE					6.00L	6.00L	6.00L	6.00L	92
93 BLOOD SUGAR					7.00L	7.00L	7.00L	7.00L	93
94 BUN-UREA - NITROGEN					7.00L	7.00L	7.00L	7.00L	94
95 URIC ACID					8.00L	8.00L	8.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	6.00L	6.00	6.00	96
97 PAP TEST					8.00L	8.00L	8.00L	8.00L	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS					5.00	5.00	5.00L	5.00	99
100 PATHOLOGY - THREE SPECIMENS					32.00	32.00		32.00	100
101 ELEC MONITORING-PACEMAKER					25.40*	38.50	30.00	30.00	101
102 DONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					47.00L	47.00L	47.00L	47.00L	104
105 WALKER - RENTAL					14.00	14.00	14.00L	14.00L	105
106 WHEELCHAIR - RENTAL					28.00L	28.00L	28.00L	28.00L	106
107 LIQUID OXYGEN - RENTAL					40.00L	40.00L			107
108 HOSPITAL BED - PURCHASE					440.00L	440.00L	440.00L	440.00L	108
109 WALKER - PURCHASE					57.40L	57.40L	57.40L	57.40L	109
110 WHEELCHAIR - PURCHASE									110

1984 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF ALABAMA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ALABAMA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	05	06	
1 INITIAL BRIEF OFFICE VISIT			20.70*	14.40*	1
2 INITIAL LIMITED OFFICE VISIT	16.30*	12.40*	20.70*	14.40*	2
3 INITIAL INTERMED OFFICE VISIT			40.00	40.00	3
4 INITIAL COMP OFFICE VISIT	50.00	30.00	72.20*	72.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	15.00	12.00	20.00	14.40*	5
6 BRIEF FOLLOWUP OFFICE VISIT	16.30*	12.40*	20.70*	14.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	16.30*	12.40*	20.70*	14.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	20.70*	18.50*	25.00	20.70*	8
9 EXTENDED F/U OFFICE VISIT	18.00	18.00	31.00*	20.70*	9
10 COMP FOLLOWUP OFFICE VISIT	35.00	25.00	60.00	35.00	10
11 BRIEF FOLLOWUP HOME VISIT	31.00*	20.70*	20.70*	20.70*	11
12 LIMITED FOLLOWUP HOME VISIT			20.70*	20.70*	12
13 INTERMDIATE F/U HOME VISIT	20.00	20.70*	20.70*	20.70*	13
14 EXTENDED CARE FACILITY VISIT			17.00	14.40*	14
15 BRIEF F/U NURSING HOME VISIT	15.00	20.70*	24.80*	24.80*	15
16 INITIAL BRIEF HOSPITAL VISIT	50.00	50.00	72.20*	40.00	16
17 INIT INTERMED HOSPITAL VISIT			72.20*	72.20*	17
18 INITIAL COMP HOSPITAL VISIT	51.50*	51.50*	72.20*	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.70*	14.40*	20.70*	13.90*	19
20 LIMITED F/U HOSPITAL VISIT	20.70*	14.40*	20.70*	13.90*	20
21 INTERMED F/U HOSPITAL VISIT	20.70*	14.40*	20.70*	13.90*	21
22 EXTENDED F/U HOSPITAL VISIT			20.70*	13.90*	22
23 BRIEF EMERGENCY ROOM VISIT			25.00	25.00	23
24 LIMITED EMERGENCY ROOM VISIT			27.00	25.50*	24
25 INTERMED EMERGENCY ROOM VISIT			32.00	25.50*	25
26 LIMITED CONSULTATION	30.00	30.00	58.00	58.00	26
27 EXTENSIVE CONSULTATION			92.60*	80.00	27
28 COMPREHENSIVE CONSULTATION			92.60*	75.00	28
29 PSYCHOTHERAPY-ONE HOUR			57.20*	50.00	29
30 PSYCHOTHERAPY-HALF HOUR			40.00*	28.50*	30
31 CHIROPRACTIC OFFICE VISIT			12.70*	15.00	31
32 INITIAL PHYSIOTHERAPY					32
33 F/U PODIATRIC OFFICE VISIT			18.50*	20.00	33
34 ELECTROCARDIOGRAM (EKG)	30.00	30.00	35.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.00	15.00	12.00	15.00	35
36 SPIROMETRY			35.00*		36
37 ELECTROENCEPHALOGRAM (EEG)			92.60	83.90*	37
38 CHEMOTHERAPY					38
39 COLLECTION OF SPECIMENS					39
40 DEBRIDEMENT OF NAILS			16.20L	16.20*	40
41 SKIN BIOPSY			50.00*	36.10*	41
42 CHEMOCAUTERY			8.80*	6.20L	42
43 RADICAL MASTECTOMY			954.80*	1081.50*	43
44 OPEN REDUCTION OF FRACTURE			1031.70*	1217.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	18.00			45
46 CORONARY ARTERY BYPASS			2574.40*		46
47 TOTAL ARTIFICIAL HIP REPLACE			1871.30*	1871.30*	47
48 NEEDLE PUNCTURE OF BURSA			25.00	18.00	48
49 BRONCHOSCOPY				206.30*	49
50 THORACENTESIS			124.50*	65.60*	50
51 CATHERIZATION OF HEART			550.00		51
52 INSERTION OF PACEMAKER			1000.00	1000.00	52
53 PARTIAL COLECTOMY			1200.00	1134.70*	53
54 APPENDECTOMY		384.20*	374.80*	410.00*	54
55 SIGMOIDOSCOPY			50.00	50.00	55

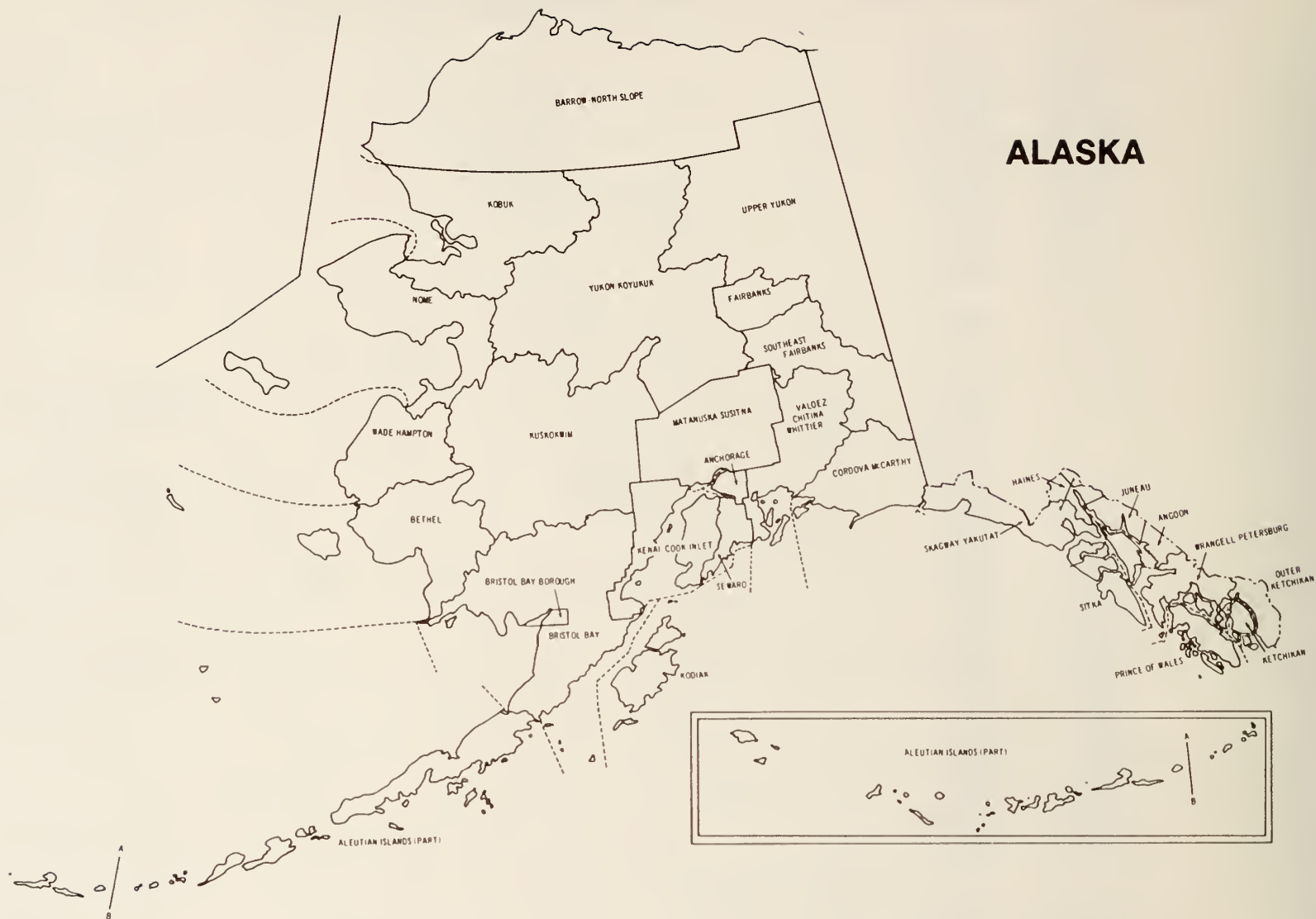
1984 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF ALABAMA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

PROCEDURE DESCRIPTION	05	06
56 HEMORRHOIDECTOMY		
57 CHOLECYSTECTOMY		
58 REPAIR HERNIA		
59 DIAGNOSTIC CYSTOURETHROSCOPY	84.00	100.00
60 DILATION OF URETHRA		
61 PROSTATECTOMY - SUPRAPUBIC		
62 ELECTROSECTION-PROSTATE (TUR)		890.20*
63 HYSTERECTOMY		
64 INITIAL COMPLETE EYE EXAM		
65 COMPREHENSIVE EYE EXAM		
66 EYE EXAM WITH TONOMETRY		
67 EXTRACTION OF LENS		
68 CHEST X-RAY - SINGLE VIEW		
69 CHEST X-RAY - TWO VIEWS	35.00	31.00*
70 X-RAY SPINE		
71 X-RAY HIP		
72 X-RAY UPPER GI TRACT	65.00	65.00
73 X-RAY COLON		
74 RADIATION THERAPY-LOW VOLT		
75 RADIATION THERAPY-SUPER VOLT		
76 RADIATION THERAPY-MEGAVOLT		
77 CAT SCAN - HEAD		
78 CAT SCAN - ABDOMEN		
79 THREE CHEMISTRY TESTS		
80 NINETEEN CHEMISTRY TESTS		
81 CULTURE - OTHER THAN BLOOD		
82 HEMOGLOBIN		
83 AUTOMATED BLOOD COUNT		
84 WHITE CELL COUNT		
85 COMPLETE BLOOD COUNT (CBC)		
86 CHOLESTEROL TEST		
87 FLOCCULATION TEST		
88 HEMATOCRIT		
89 PLATELET COUNT (REES-ECKER)		
90 POTASSIUM TEST - BLOOD		
91 PROTHROMBIN TIME TEST		
92 SEDIMENTATION RATE		
93 BLOOD SUGAR		
94 BUN-UREA - NITROGEN		
95 URIC ACID		
96 FECES-OCCULT BLOOD-SCREENING		
97 PAP TEST		
98 ROUTINE URINALYSIS		
99 CHEMICAL URINALYSIS		
100 PATHOLOGY - THREE SPECIMENS		
101 ELEC MONITORING-PACEMAKER		
102 DONOR NEPHRECTOMY-UNILATERAL		
103 KIDNEY TRANSPLANT		
104 HOSPITAL BED - RENTAL		
105 WALKER - RENTAL		
106 WHEELCHAIR - RENTAL		
107 LIQUID OXYGEN - RENTAL		
108 HOSPITAL BED - PURCHASE		
109 WALKER - PURCHASE		
110 WHEELCHAIR - PURCHASE		

ALABAMA
LOCALITY DESIGNATION FOR SPECIALIST

05	06	
433.20*	433.20*	56
825.40*	670.60*	57
515.70*	371.50*	58
72.20*	82.70*	59
25.00	20.70*	60
1031.70*	1031.70*	61
1031.70*	928.40*	62
900.00	900.00	63
32.90*	34.60*	64
40.00	40.00	65
15.00	18.00	66
1031.70*	1000.00	67
27.90*	19.90*	68
		69
43.60*	54.00	70
38.00	41.20*	71
		72
72.20*	72.20*	73
23.00*	23.10*	74
25.00*		75
31.00*		76
300.00		77
310.00*		78
20.00L	20.00L	79
30.00	30.00	80
20.00L	20.00	81
4.00L	4.00L	82
12.50L	12.50	83
4.00L	4.00L	84
8.00L	8.00	85
6.50L	6.50L	86
8.00	8.00L	87
4.50L	4.50L	88
12.00	12.00	89
10.00	10.00	90
6.50L	6.50L	91
6.00L	6.00L	92
7.00L	7.00L	93
7.00L	7.00L	94
8.00L	8.00L	95
6.00	6.00	96
8.00L	8.00L	97
5.00L	5.00L	98
5.00	5.00L	99
32.00		100
30.00	30.00	101
		102
		103
47.00L	47.00L	104
14.00L	14.00	105
28.00L	28.00L	106
40.00L	40.00L	107
440.00L	440.00L	108
57.40L	57.40L	109
		110

ALASKA



One Locality - Statewide

1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ALASKA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		33.00*	1
2 INITIAL LIMITED OFFICE VISIT	41.20*	51.50*	2
3 INITIAL INTERMED OFFICE VISIT		92.30*	3
4 INITIAL COMP OFFICE VISIT	118.50*	103.30*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	16.50*	17.70*	5
6 BRIEF FOLLOWUP OFFICE VISIT	24.70*	24.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT	30.80*	33.00*	7
8 INTERMEDIATE F/U OFFICE VISIT	30.80*	41.20*	8
9 EXTENDED F/U OFFICE VISIT	61.90*	61.90*	9
10 COMP FOLLOWUP OFFICE VISIT	78.40*	103.30*	10
11 BRIEF FOLLOWUP HOME VISIT	41.20*	41.20*	11
12 LIMITED FOLLOWUP HOME VISIT		60.00	12
13 INTERMDIATE F/U HOME VISIT	53.80*		13
14 EXTENDED CARE FACILITY VISIT		21.10*	14
15 BRIEF F/U NURSING HOME VISIT	20.70*		15
16 INITIAL BRIEF HOSPITAL VISIT	61.90*	61.90*	16
17 INIT INTERMED HOSPITAL VISIT		103.30*	17
18 INITIAL COMP HOSPITAL VISIT	118.50*	103.30*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	24.70*	24.70*	19
20 LIMITED F/U HOSPITAL VISIT	49.50*	51.50*	20
21 INTERMED F/U HOSPITAL VISIT	55.70*	59.20*	21
22 EXTENDED F/U HOSPITAL VISIT		71.30*	22
23 BRIEF EMERGENCY ROOM VISIT		40.80*	23
24 LIMITED EMERGENCY ROOM VISIT		55.00*	24
25 INTERMED EMERGENCY ROOM VISIT		95.00*	25
26 LIMITED CONSULTATION	53.20*	56.40*	26
27 EXTENSIVE CONSULTATION		96.50*	27
28 COMPREHENSIVE CONSULTATION		103.30*	28
29 PSYCHOTHERAPY-ONE HOUR		61.90*	29
30 PSYCHOTHERAPY-HALF HOUR		27.80*	30
31 CHIROPRACTIC OFFICE VISIT		22.30*	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT		14.00*	33
34 ELECTROCARDIOGRAM (EKG)	61.90*	52.70*	34
35 EKG-INTERPRET AND REPORT ONLY	24.70*	24.70*	35
36 SPIROMETRY		50.90*	36
37 ELECTROENCEPHALOGRAM (EEG)		123.80*	37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS			39
40 DEBRIDEMENT OF NAILS			40
41 SKIN BIOPSY		57.60*	41
42 CHEMOCAUTERY		29.40*	42
43 RADICAL MASTECTOMY			43
44 OPEN REDUCTION OF FRACTURE		1815.30*	44
45 ARTHROCENTESIS-MAJOR JOINT	47.60*	51.50*	45
46 CORONARY ARTERY BYPASS			46
47 TOTAL ARTIFICIAL HIP REPLACE		3470.00*	47
48 NEEDLE PUNCTURE OF BURSA			48
49 BRONCHOSCOPY		264.70*	49
50 THORACENTESIS		67.50	50
51 CATHERIZATION OF HEART		909.20*	51
52 INSERTION OF PACEMAKER			52
53 PARTIAL COLECTOMY		1650.20*	53
54 APPENDECTOMY			54
55 SIGMOIDOSCOPY		60.00	55

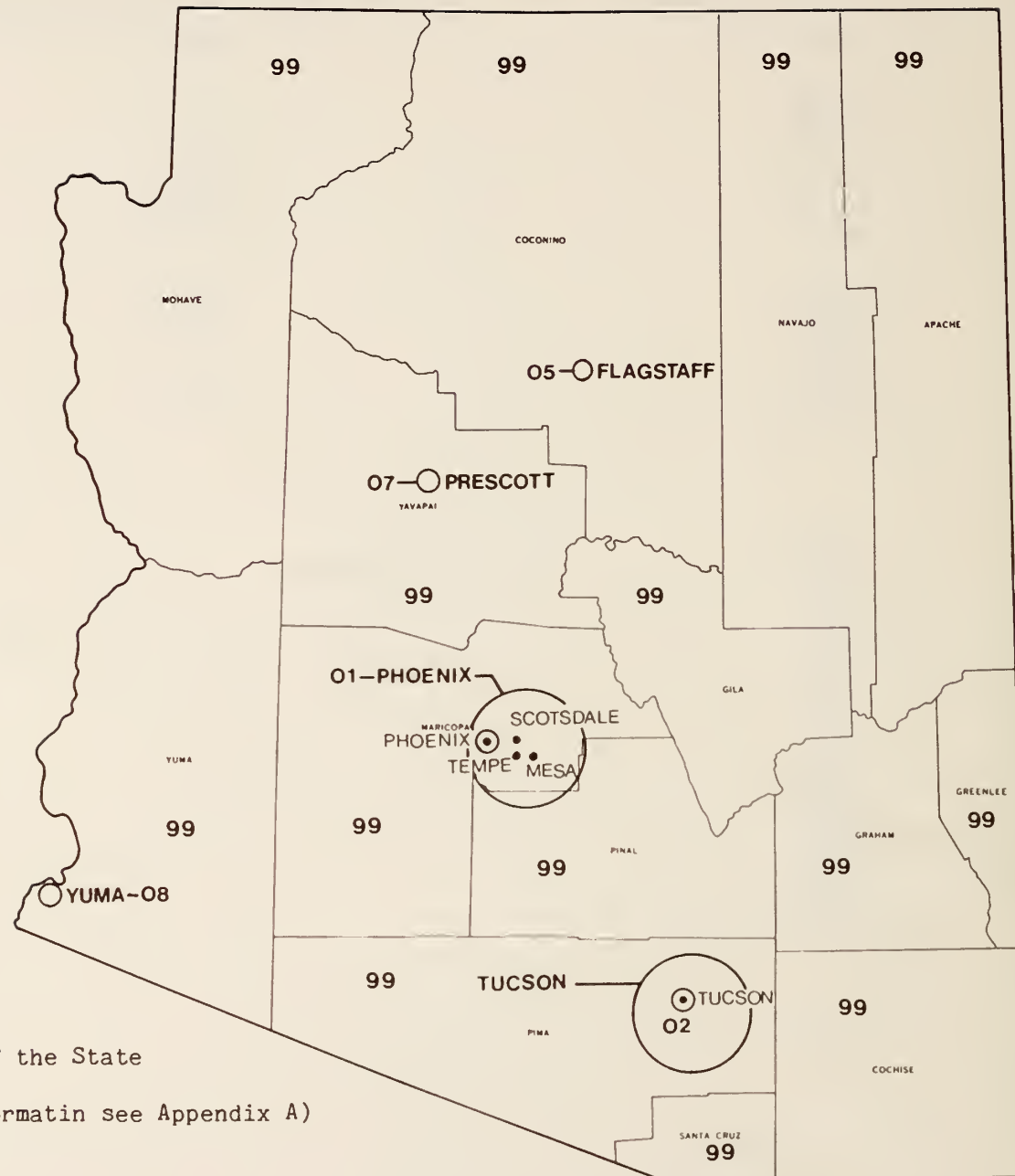
1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ALASKA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY			56
57 CHOLECYSTECTOMY		1196.40*	57
58 REPAIR HERNIA		835.40*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	95.90*	126.00	59
60 DILATION OF URETHRA			60
61 PROSTATECTOMY - SUPRAPUBIC			61
62 ELECTROSECTION-PROSTATE (TUR)	1534.70*	1485.00*	62
63 HYSTERECTOMY			63
64 INITIAL COMPLETE EYE EXAM		49.50*	64
65 COMPREHENSIVE EYE EXAM			65
66 EYE EXAM WITH TONOMETRY		17.90*	66
67 EXTRACTION OF LENS	1534.70*	1650.20*	67
68 CHEST X-RAY - SINGLE VIEW	37.20*	33.00*	68
69 CHEST X-RAY - TWO VIEWS	51.50*	49.50*	69
70 X-RAY SPINE		53.80*	70
71 X-RAY HIP		61.90*	71
72 X-RAY UPPER GI TRACT	115.60*	99.10*	72
73 X-RAY COLON		89.70*	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD			77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS		39.00	79
80 NINETEEN CHEMISTRY TESTS		28.00	80
81 CULTURE - OTHER THAN BLOOD		21.50	81
82 HEMOGLOBIN		9.00	82
83 AUTOMATED BLOOD COUNT		15.00	83
84 WHITE CELL COUNT		9.00	84
85 COMPLETE BLOOD COUNT (CBC)		20.00	85
86 CHOLESTEROL TEST		23.00	86
87 FLOCCULATION TEST		10.00	87
88 HEMATOCRIT		10.00	88
89 PLATELET COUNT (REES-ECKER)		15.50	89
90 POTASSIUM TEST - BLOOD		16.10	90
91 PROTHROMBIN TIME TEST		17.00	91
92 SEDIMENTATION RATE		14.00	92
93 BLOOD SUGAR		16.50	93
94 BUN-UREA - NITROGEN		22.00	94
95 URIC ACID		21.50	95
96 FECES-OCCULT BLOOD-SCREENING		7.00	96
97 PAP TEST		17.25	97
98 ROUTINE URINALYSIS		12.00	98
99 CHEMICAL URINALYSIS			99
100 PATHOLOGY - THREE SPECIMENS			100
101 ELEC MONITORING-PACEMAKER			101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL			104
105 WALKER - RENTAL			105
106 WHEELCHAIR - RENTAL			106
107 LIQUID OXYGEN - RENTAL			107
108 HOSPITAL BED - PURCHASE			108
109 WALKER - PURCHASE			109
110 WHEELCHAIR - PURCHASE			110

ARIZONA

ARIZONA



Six Localities:

- 01 - Phoenix
- 02 - Tucson
- 05 - Flagstaff
- 07 - Prescott
- 08 - Yuma
- 99 - All other parts of the State

(For more locality information see Appendix A)

1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ARIZONA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	05	07	01	02	05	07	
1 INITIAL BRIEF OFFICE VISIT					35.00	34.00	33.40*	30.80*	1
2 INITIAL LIMITED OFFICE VISIT	25.00	27.00	35.30*	40.00	50.00	50.00	50.00	50.00	2
3 INITIAL INTERMED OFFICE VISIT					56.00*	70.00	56.00*	43.70*	3
4 INITIAL COMP OFFICE VISIT	72.20*	50.00	43.40*	51.50*	92.70*	98.00	72.20*	72.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	10.40*	10.40*	8.20*	8.20*	12.40*	10.40*	6.10*	10.40*	5
6 BRIEF FOLLOWUP OFFICE VISIT	16.50*	16.50*	14.50*	16.50*	24.70*	20.70*	16.80*	16.80*	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.70*	20.00	20.70*	25.00	30.00	25.00	24.00	20.70*	7
8 INTERMEDIATE F/U OFFICE VISIT	34.00	25.00	20.70*	16.50*	30.80*	25.00	24.00	25.00	8
9 EXTENDED F/U OFFICE VISIT		35.00	35.00	25.00*	45.00	42.00	39.90*	70.00	9
10 COMP FOLLOWUP OFFICE VISIT	66.00*	51.50*	62.60*	41.20*	72.20*	70.00	35.00	72.20*	10
11 BRIEF FOLLOWUP HOME VISIT	30.80*	30.80*	30.80*	30.80*	30.80*	30.80*	30.80*	30.80*	11
12 LIMITED FOLLOWUP HOME VISIT					45.00	40.00		40.00	12
13 INTERMEDIATE F/U HOME VISIT	40.00	40.00	40.00	35.40*					13
14 EXTENDED CARE FACILITY VISIT					34.00*	33.60*		33.60*	14
15 BRIEF F/U NURSING HOME VISIT	27.00	30.80*		20.70*					15
16 INITIAL BRIEF HOSPITAL VISIT	51.50*	61.90*	61.90*	41.20*	72.20*	60.00	50.20*	50.20*	16
17 INIT INTERMED HOSPITAL VISIT					72.20*	61.90*	75.00	83.60*	17
18 INITIAL COMP HOSPITAL VISIT	72.20*	74.20*	61.90*	41.20*	103.30*	72.20*	82.40*	92.70*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.70*	20.70*	20.70*	16.50*	24.70*	20.70*	16.80*	16.80*	19
20 LIMITED F/U HOSPITAL VISIT	30.00	25.00	32.00	27.50	30.80*	29.00	33.00	24.70*	20
21 INTERMED F/U HOSPITAL VISIT	30.00	25.00	30.00	17.80*	30.80*	25.00	28.00*	21.80*	21
22 EXTENDED F/U HOSPITAL VISIT					40.00	30.00	40.00	40.00	22
23 BRIEF EMERGENCY ROOM VISIT					36.50*				23
24 LIMITED EMERGENCY ROOM VISIT					55.30*	45.00	50.60*	55.00*	24
25 INTERMED EMERGENCY ROOM VISIT					87.40*	72.00	79.90*	54.40*	25
26 LIMITED CONSULTATION	25.00		26.00	26.00	60.00	50.00	55.00	55.00	26
27 EXTENSIVE CONSULTATION					83.20*	83.60*	70.00	83.20*	27
28 COMPREHENSIVE CONSULTATION					103.30*	86.70*	80.00	92.70*	28
29 PSYCHOTHERAPY-ONE HOUR					59.70*	43.10*	70.70*	70.70*	29
30 PSYCHOTHERAPY-HALF HOUR					39.80*	25.90*	42.40*	42.40*	30
31 CHIROPRACTIC OFFICE VISIT					19.70*	18.00*	16.00*	18.00	31
32 INITIAL PHYSIOTHERAPY					20.00	20.70*			32
33 F/U PODIATRIC OFFICE VISIT					20.00	20.00	16.80*	20.00	33
34 ELECTROCARDIOGRAM (EKG)	37.20*	35.00	34.00*	41.20*	40.00	30.80*	35.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.50*	10.40*		9.80*	15.50*	22.00			35
36 SPIROMETRY					35.00	35.00			36
37 ELECTROENCEPHALOGRAM (EEG)					100.00	103.30*			37
38 CHEMOTHERAPY					29.50	20.00	29.50	29.50	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS									40
41 SKIN BIOPSY					46.00	46.00		42.10*	41
42 CHEMOCAUTERY					25.00	30.00		28.10*	42
43 RADICAL MASTECTOMY									43
44 OPEN REDUCTION OF FRACTURE					1361.50*	1155.20*	722.00*	1247.90*	44
45 ARTHROCENTESIS-MAJOR JOINT									45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					2475.20*	2413.40*	2071.10*		47
48 NEEDLE PUNCTURE OF BURSA									48
49 BRONCHOSCOPY					210.50*			247.50*	49
50 THORACENTESIS					51.50*	51.50*		51.50*	50
51 CATHETERIZATION OF HEART					618.80*	598.20*			51
52 INSERTION OF PACEMAKER					1402.70*				52
53 PARTIAL COLECTOMY					1320.10*	1237.70*	1320.10*	1320.10*	53
54 APPENDECTOMY	685.70*				660.10*	688.00*	581.10*	667.70*	54
55 SIGMOIDOSCOPY									55

1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ARIZONA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	05	07	01	02	05	07	
56 HEMORRHOIDECTOMY					515.70*	470.30*		480.70*	56
57 CHOLECYSTECTOMY					979.90*	866.30*	742.70*	841.60*	57
58 REPAIR HERNIA					577.60*	536.40*	474.50*	491.00*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	70.30*	58.90*			72.20*	82.40*	72.20*	72.20*	59
60 DILATION OF URETHRA									60
61 PROSTATECTOMY - SUPRAPUBIC					1155.20*	1072.50*		1093.20*	61
62 ELECTROSECTION-PROSTATE (TUR)		1155.20*			1155.20*	1072.50*	1134.50*	1134.50*	62
63 HYSTERECTOMY					1031.40*	1031.40*	981.50*	898.30*	63
64 INITIAL COMPLETE EYE EXAM					40.00	36.00	40.00	41.20*	64
65 COMPREHENSIVE EYE EXAM					39.80*	35.60*			65
66 EYE EXAM WITH TONOMETRY					20.70*	20.00			66
67 EXTRACTION OF LENS					1031.40*	1031.40*	1031.40*	1031.40*	67
68 CHEST X-RAY - SINGLE VIEW	30.80*	28.00	30.80*	33.00	34.00*	24.70*	24.70*	28.90*	68
69 CHEST X-RAY - TWO VIEWS	37.20*	37.20*	37.20*	33.00*	34.60*	37.20*	37.20*	35.20*	69
70 X-RAY SPINE					53.00	37.20*	37.20*		70
71 X-RAY HIP					45.40*	37.20*	41.20*	41.20*	71
72 X-RAY UPPER GI TRACT	86.70*	45.00*	86.70*		85.80*	86.70*	70.60*	86.70*	72
73 X-RAY COLON					80.90*	74.20*	61.90*	79.40*	73
74 RADIATION THERAPY-LOW VOLT					30.80*				74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					310.00	310.00			77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS					25.00	20.00	28.90	21.00	79
80 NINETEEN CHEMISTRY TESTS					20.00	15.00	28.50	30.00	80
81 CULTURE - OTHER THAN BLOOD					16.75	17.00	5.00	12.50	81
82 HEMOGLOBIN					8.00	5.00	7.00		82
83 AUTOMATED BLOOD COUNT					11.00	8.00			83
84 WHITE CELL COUNT					6.00	6.00			84
85 COMPLETE BLOOD COUNT (CBC)					12.00	10.60	12.00	15.00	85
86 CHOLESTEROL TEST					11.00	9.00			86
87 FLOCCULATION TEST					8.50	19.50			87
88 HEMATOCRIT					4.00	4.00	4.00		88
89 PLATELET COUNT (REES-ECKER)					9.00	13.25	9.20	11.00	89
90 POTASSIUM TEST - BLOOD					10.00	9.50	9.40	12.00	90
91 PROTHROMBIN TIME TEST					8.30	8.20*	10.50	10.00	91
92 SEDIMENTATION RATE					8.00	8.00	7.00	9.50	92
93 BLOOD SUGAR					10.00	9.00	10.00	10.00	93
94 BUN-UREA - NITROGEN					10.00	9.00		9.00	94
95 URIC ACID					11.50	11.50	11.00	13.25	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	5.00	4.00		96
97 PAP TEST					11.00	10.00	8.25	17.00	97
98 ROUTINE URINALYSIS					8.00	7.50	8.00	8.00	98
99 CHEMICAL URINALYSIS						5.00			99
100 PATHOLOGY - THREE SPECIMENS					25.00	25.00	25.00		100
101 ELEC MONITORING-PACEMAKER					44.10*	48.90*		40.60*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1345.40*	1431.10*			102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL									104
105 WALKER - RENTAL					15.10*	15.30	15.10*	15.10*	105
106 WHEELCHAIR - RENTAL					31.50	30.20*	30.20*	30.20*	106
107 LIQUID OXYGEN - RENTAL					46.20	46.60*	46.60*	46.60	107
108 HOSPITAL BED - PURCHASE					728.70	728.70	728.70	728.70	108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE									110

1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ARIZONA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	08	99	08	99	
1 INITIAL BRIEF OFFICE VISIT			33.40*	25.00	1
2 INITIAL LIMITED OFFICE VISIT	30.00	25.00	50.00	30.00	2
3 INITIAL INTERMED OFFICE VISIT			55.20*	43.10*	3
4 INITIAL COMP OFFICE VISIT	25.00	51.50*	57.70*	50.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	4.20*	8.20*	6.00*	6.00*	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.50*	14.50*	14.50*	14.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.00	20.00	25.00*	22.00	7
8 INTERMEDIATE F/U OFFICE VISIT	30.80*	23.00	30.00	20.70*	8
9 EXTENDED F/U OFFICE VISIT	30.80*	30.00	35.20*	30.00	9
10 COMP FOLLOWUP OFFICE VISIT	50.00	41.20*	72.20*	72.20*	10
11 BRIEF FOLLOWUP HOME VISIT	30.80*	30.80*	30.80*	30.80*	11
12 LIMITED FOLLOWUP HOME VISIT				40.00	12
13 INTERMDIATE F/U HOME VISIT		40.00			13
14 EXTENOEQ CARE FACILITY VISIT				33.60*	14
15 BRIEF F/U NURSING HOME VISIT	20.00	16.50*			15
16 INITIAL BRIEF HOSPITAL VISIT	72.20*	51.50*	50.20*	50.00	16
17 INIT INTERMED HOSPITAL VISIT			72.20*	80.50	17
18 INITIAL COMP HOSPITAL VISIT	90.00	100.00	82.40*	100.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.70*	16.50*	16.80*	15.50*	19
20 LIMITEO F/U HOSPITAL VISIT	31.20	25.00	30.00	20.70*	20
21 INTERMED F/U HOSPITAL VISIT	25.00	16.30*	30.80*	30.00	21
22 EXTENDED F/U HOSPITAL VISIT			40.00	40.00	22
23 BRIEF EMERGENCY ROOM VISIT				30.70*	23
24 LIMITEO EMERGENCY ROOM VISIT			55.00*	40.00	24
25 INTERMED EMERGENCY ROOM VISIT			86.80*	65.00	25
26 LIMITED CONSULTATION	26.00	25.00	55.00	55.00	26
27 EXTENSIVE CONSULTATION			83.20*	81.00	27
28 COMPREHENSIVE CONSULTATION			72.20*	100.00	28
29 PSYCHOTHERAPY-ONE HOUR			70.70*	70.00	29
30 PSYCHOTHERAPY-HALF HOUR			42.40*	42.40*	30
31 CHIROPRACTIC OFFICE VISIT			13.30*	16.50*	31
32 INITIAL PHYSIOTHERAPY					32
33 F/U PODIATRIC OFFICE VISIT			10.40*	20.00	33
34 ELECTROCARDIOGRAM (EKG)	30.80*	40.00	40.00	30.80*	34
35 EKG-INTERPRET AND REPORT ONLY		16.00	10.60*	18.50*	35
36 SPIROMETRY			35.00		36
37 ELECTROENCEPHALOGRAM (EEG)					37
38 CHEMOTHERAPY			17.70*	30.00	38
39 COLLECTION OF SPECIMENS					39
40 DEBRIOEMENT OF NAILS					40
41 SKIN BIOPSY			42.30*	37.20*	41
42 CHEMOCAUTERY			30.00	20.70*	42
43 RAOICAL MASTECTOMY					43
44 OPEN REDUCTION OF FRACTURE			1369.30*	1122.10*	44
45 ARTHROCENTESIS-MAJOR JOINT					45
46 CORONARY ARTERY BYPASS					46
47 TOTAL ARTIFICIAL HIP REPLACE			2475.20*	2737.30*	47
48 NEEOLE PUNCTURE OF BURSA					48
49 BRONCHOSCOPY			247.50*	247.50*	49
50 THORACENTESIS				51.50*	50
51 CATHERIZATION OF HEART					51
52 INSERTION OF PACEMAKER					52
53 PARTIAL COLECTOMY			1122.10*	1072.50*	53
54 APPENDECTOMY		643.40*	604.50*	631.70*	54
55 SIGMOIOOSCOPY					55

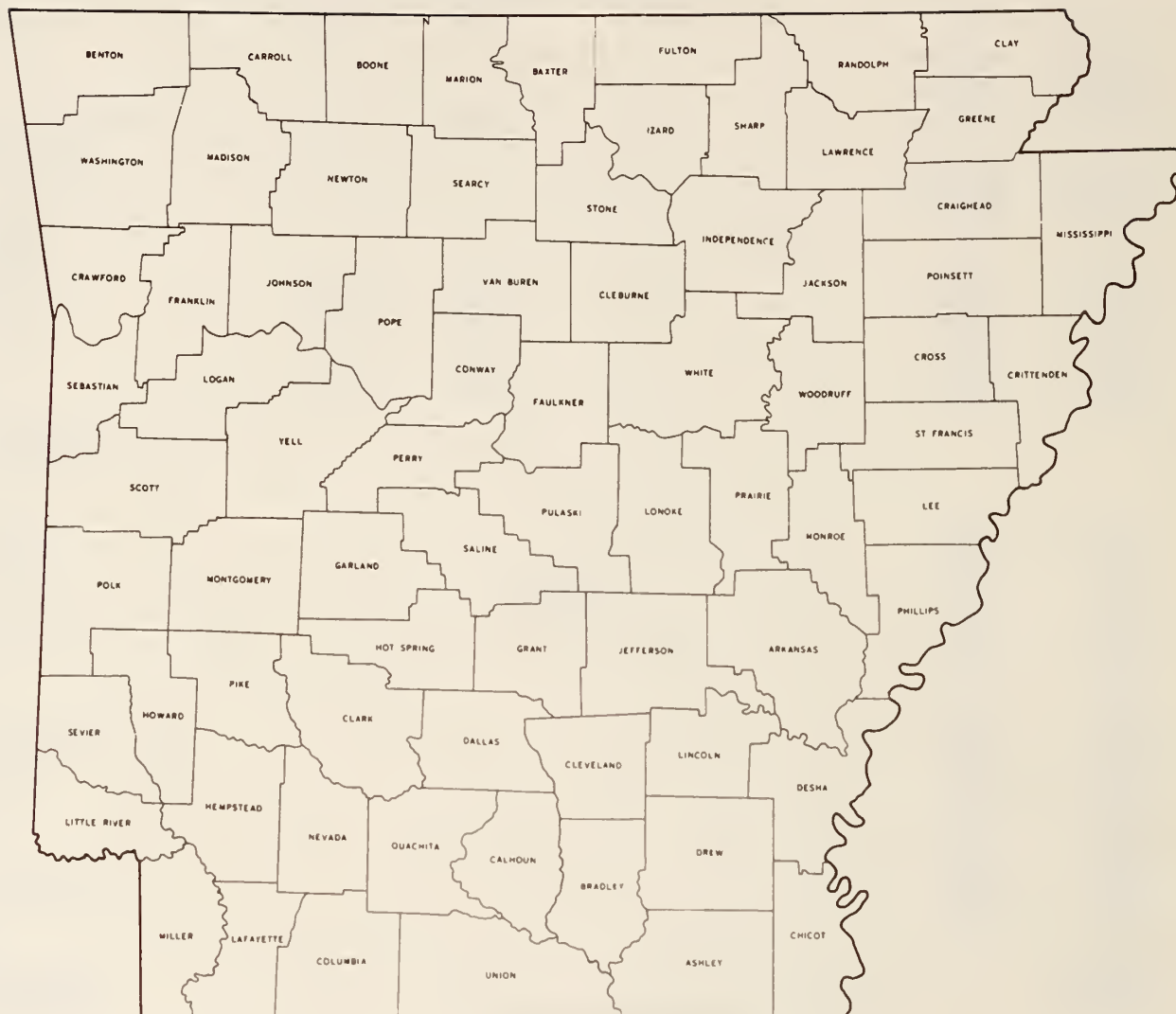
1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ARIZONA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	08	99	08	99	
56 HEMORRHOIDECTOMY			470.30*	309.40*	56
57 CHOLECYSTECTOMY				825.10*	57
58 REPAIR HERNIA			491.00*	515.70*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	63.90*	61.90*	70.30*	72.20*	59
60 DILATION OF URETHRA					60
61 PROSTATECTOMY - SUPRAPUBIC			1039.50*	1093.20*	61
62 ELECTROSECTION-PROSTATE (TUR)			1122.10*	1134.50*	62
63 HYSTERECTOMY			900.90*	925.50*	63
64 INITIAL COMPLETE EYE EXAM			33.00*	33.60	64
65 COMPREHENSIVE EYE EXAM					65
66 EYE EXAM WITH TONOMETRY			16.80*	16.80*	66
67 EXTRACTION OF LENS			1031.40*	1031.40*	67
68 CHEST X-RAY - SINGLE VIEW	22.70*	28.90*	25.30*	14.00*	68
69 CHEST X-RAY - TWO VIEWS	22.70*	37.20*	37.20*	35.20*	69
70 X-RAY SPINE			48.00	33.00*	70
71 X-RAY HIP			44.90*	48.30*	71
72 X-RAY UPPER GI TRACT	74.20*	92.70*	85.50*	82.40*	72
73 X-RAY COLON			81.30*	75.50*	73
74 RADIATION THERAPY-LOW VOLT					74
75 RADIATION THERAPY-SUPER VOLT					75
76 RADIATION THERAPY-MEGAVOLT					76
77 CAT SCAN - HEAD					77
78 CAT SCAN - ABDOMEN					78
79 THREE CHEMISTRY TESTS			21.00	24.00	79
80 NINETEEN CHEMISTRY TESTS			27.50	24.00	80
81 CULTURE - OTHER THAN BLOOD			32.00	24.00	81
82 HEMOGLOBIN			7.00	7.50	82
83 AUTOMATED BLOOD COUNT				11.00	83
84 WHITE CELL COUNT			6.00	8.00	84
85 COMPLETE BLOOD COUNT (CBC)			10.00	10.00	85
86 CHOLESTEROL TEST			11.00	10.00	86
87 FLOCCULATION TEST				9.00	87
88 HEMATOCRIT			7.00	7.00	88
89 PLATELET COUNT (REES-ECKER)			10.00	11.00	89
90 POTASSIUM TEST - BLOOD			10.00	12.00	90
91 PROTHROMBIN TIME TEST			10.00	12.00	91
92 SEDIMENTATION RATE			10.00	8.50	92
93 BLOOD SUGAR			10.00	10.00	93
94 BUN-UREA - NITROGEN			10.00	17.00	94
95 URIC ACID			10.00	13.00	95
96 FECES-OCCULT BLOOD-SCREENING			10.00	6.00	96
97 PAP TEST			17.00	12.00	97
98 ROUTINE URINALYSIS			8.00	8.00	98
99 CHEMICAL URINALYSIS					99
100 PATHOLOGY - THREE SPECIMENS				30.00	100
101 ELEC MONITORING-PACEMAKER				40.60*	101
102 DONOR NEPHRECTOMY-UNILATERAL				1388.20*	102
103 KIDNEY TRANSPLANT					103
104 HOSPITAL BED - RENTAL					104
105 WALKER - RENTAL			15.10*	13.10*	105
106 WHEELCHAIR - RENTAL			30.20*	36.20*	106
107 LIQUID OXYGEN - RENTAL			46.60*	46.60*	107
108 HOSPITAL BED - PURCHASE				728.70	108
109 WALKER - PURCHASE					109
110 WHEELCHAIR - PURCHASE					110

ARKANSAS

ARKANSAS



One Locality - Statewide

1984 PREVAILING CHARGE SUMMARY DATA ARKANSAS B/C-B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ARKANSAS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT			1
2 INITIAL LIMITED OFFICE VISIT	25.00	33.00	2
3 INITIAL INTERMED OFFICE VISIT			3
4 INITIAL COMP OFFICE VISIT	30.00	35.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	7.00	11.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	10.30*	14.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT			7
8 INTERMEDIATE F/U OFFICE VISIT	16.50*	20.60*	8
9 EXTENDED F/U OFFICE VISIT	30.90*	30.00	9
10 COMP FOLLOWUP OFFICE VISIT	41.30*	61.90*	10
11 BRIEF FOLLOWUP HOME VISIT	20.60*	20.60*	11
12 LIMITED FOLLOWUP HOME VISIT			12
13 INTERMEDIATE F/U HOME VISIT	30.00	30.00	13
14 EXTENDED CARE FACILITY VISIT		20.00	14
15 BRIEF F/U NURSING HOME VISIT	17.00	20.60*	15
16 INITIAL BRIEF HOSPITAL VISIT			16
17 INIT INTERMED HOSPITAL VISIT		61.90*	17
18 INITIAL COMP HOSPITAL VISIT	51.60*	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.40*	12.40*	19
20 LIMITED F/U HOSPITAL VISIT			20
21 INTERMED F/U HOSPITAL VISIT	24.80*	30.00	21
22 EXTENDED F/U HOSPITAL VISIT		41.30*	22
23 BRIEF EMERGENCY ROOM VISIT		30.90*	23
24 LIMITED EMERGENCY ROOM VISIT			24
25 INTERMED EMERGENCY ROOM VISIT		29.80*	25
26 LIMITED CONSULTATION	50.00	67.00	26
27 EXTENSIVE CONSULTATION			27
28 COMPREHENSIVE CONSULTATION		86.70*	28
29 PSYCHOTHERAPY-ONE HOUR			29
30 PSYCHOTHERAPY-HALF HOUR			30
31 CHIROPRACTIC OFFICE VISIT		12.40*	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT			33
34 ELECTROCARDIOGRAM (EKG)	27.50	24.80*	34
35 EKG-INTERPRET AND REPORT ONLY	11.40*	12.00	35
36 SPIROMETRY		35.00	36
37 ELECTROENCEPHALOGRAM (EEG)		115.70*	37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS		7.00	39
40 DEBRIDEMENT OF NAILS			40
41 SKIN BIOPSY		30.90*	41
42 CHEMOCAUTERY			42
43 RADICAL MASTECTOMY			43
44 OPEN REDUCTION OF FRACTURE			44
45 ARTHROCENTESIS-MAJOR JOINT	50.00	41.30*	45
46 CORONARY ARTERY BYPASS		4007.70*	46
47 TOTAL ARTIFICIAL HIP REPLACE		2375.10*	47
48 NEEDLE PUNCTURE OF BURSA		25.00	48
49 BRONCHOSCOPY		185.70*	49
50 THORACENTESIS		56.70*	50
51 CATHETERIZATION OF HEART		575.00	51
52 INSERTION OF PACEMAKER		950.00	52
53 PARTIAL COLECTOMY		1031.50*	53
54 APPENDECTOMY	412.60*	412.60*	54
55 SIGMOIDOSCOPY		56.00	55

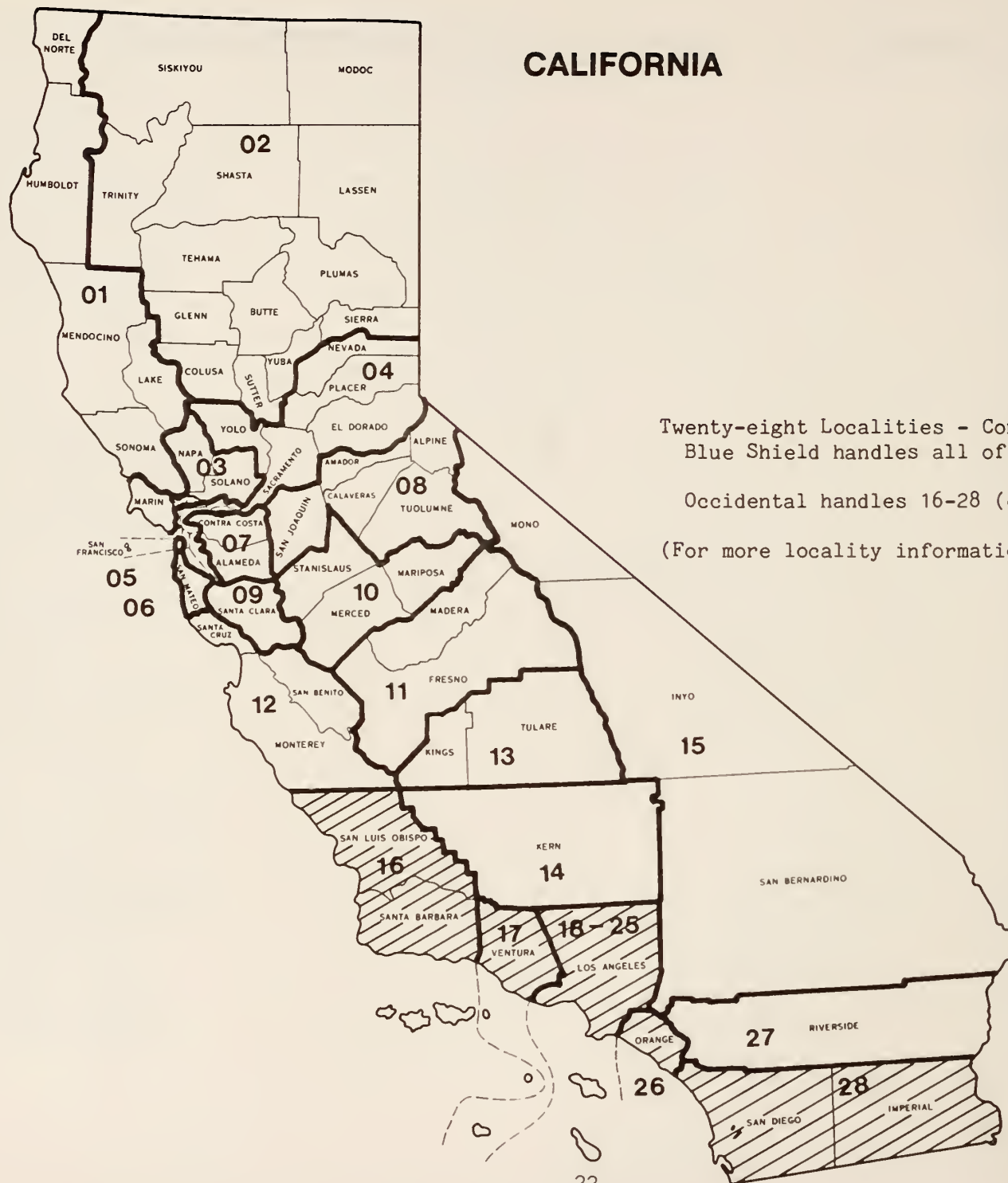
1984 PREVAILING CHARGE SUMMARY DATA ARKANSAS B/C-B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ARKANSAS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		464.20*	56
57 CHOLECYSTECTOMY		722.00*	57
58 REPAIR HERNIA		464.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	92.00	92.00	59
60 DILATION OF URETHRA		20.60*	60
61 PROSTATECTOMY - SUPRAPUBIC		825.20*	61
62 ELECTROSECTION-PROSTATE (TUR)		876.70*	62
63 HYSTERECTOMY		928.30*	63
64 INITIAL COMPLETE EYE EXAM		35.00	64
65 COMPREHENSIVE EYE EXAM		35.00	65
66 EYE EXAM WITH TONOMETRY		15.00	66
67 EXTRACTION OF LENS		722.00*	67
68 CHEST X-RAY - SINGLE VIEW	24.80*	25.00	68
69 CHEST X-RAY - TWO VIEWS	30.90*	33.00*	69
70 X-RAY SPINE		67.00	70
71 X-RAY HIP		30.90*	71
72 X-RAY UPPER GI TRACT	72.20*	60.00	72
73 X-RAY COLON		72.20*	73
74 RADIATION THERAPY-LOW VOLT		30.30*	74
75 RADIATION THERAPY-SUPER VOLT		54.00	75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD		326.50*	77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS		17.00	79
80 NINETEEN CHEMISTRY TESTS		31.20	80
81 CULTURE - OTHER THAN BLOOD		24.00	81
82 HEMOGLOBIN		6.00	82
83 AUTOMATED BLOOD COUNT			83
84 WHITE CELL COUNT		6.00	84
85 COMPLETE BLOOD COUNT (CBC)		13.00	85
86 CHOLESTEROL TEST		10.00	86
87 FLOCCULATION TEST			87
88 HEMATOCRIT		5.00	88
89 PLATELET COUNT (REES-ECKER)		10.00	89
90 POTASSIUM TEST - BLOOD		10.50	90
91 PROTHROMBIN TIME TEST		10.00	91
92 SEDIMENTATION RATE		8.00	92
93 BLOOD SUGAR		10.00	93
94 BUN-UREA - NITROGEN		10.50	94
95 URIC ACID		11.00	95
96 FECES-OCCULT BLOOD-SCREENING		7.00	96
97 PAP TEST		14.00	97
98 ROUTINE URINALYSIS		7.00	98
99 CHEMICAL URINALYSIS		5.25	99
100 PATHOLOGY - THREE SPECIMENS			100
101 ELEC MONITORING-PACEMAKER		45.00	101
102 DONOR NEPHRECTOMY-UNILATERAL		1031.50*	102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL		57.75	104
105 WALKER - RENTAL		24.00	105
106 WHEELCHAIR - RENTAL		15.00	106
107 LIQUID OXYGEN - RENTAL		52.80	107
108 HOSPITAL BED - PURCHASE		159.50	108
109 WALKER - PURCHASE			109
110 WHEELCHAIR - PURCHASE		145.00	110

CALIFORNIA

CALIFORNIA



Twenty-eight Localities - Conform to PSRO Areas:
Blue Shield handles all of 1-15, and 27

Occidental handles 16-28 (except for 27)

(For more locality information see Appendix A)

1984 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-01	PSRO-02	PSRO-03	PSRO-04	PSRO-01	PSRO-02	PSRO-03	PSRO-04	
1 INITIAL BRIEF OFFICE VISIT					30.95*	30.95*	30.95*	30.00	1
2 INITIAL LIMITED OFFICE VISIT	36.00	37.25	36.50	36.00	40.00	40.00	45.00	40.00	2
3 INITIAL INTERMED OFFICE VISIT					65.00	64.00	61.89*	66.00	3
4 INITIAL COMP OFFICE VISIT	90.00	90.00	92.84*	92.84*	101.09*	92.84*	99.02*	98.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	13.00	12.00	14.44*	12.38*	13.00	8.00	14.44*	12.38*	5
6 BRIEF FOLLOWUP OFFICE VISIT	16.50*	16.50*	20.63*	16.50*	18.57*	16.50*	20.63*	18.57*	6
7 LIMITED FOLLOWUP OFFICE VISIT	23.00	24.00	20.63*	24.76*	24.76*	24.76*	24.76*	24.76*	7
8 INTERMEDIATE F/U OFFICE VISIT	30.95*	30.00	30.95*	28.00	30.00	29.00	30.95*	28.00	8
9 EXTENDED F/U OFFICE VISIT	43.32*	43.32*	50.00	50.00	50.00	41.00	50.00	50.00	9
10 COMP FOLLOWUP OFFICE VISIT	66.02*	72.00	61.89*	68.00	72.21*	77.36*	72.21*	61.89*	10
11 BRIEF FOLLOWUP HOME VISIT	30.95*	30.95*	38.68*	30.95*	35.28*	23.52*	36.72*	35.00	11
12 LIMITED FOLLOWUP HOME VISIT					36.72*	36.72*	38.17*	35.00	12
13 INTERMDIATE F/U HOME VISIT	36.10*	30.95*	51.58*	43.32*	41.26*	41.26*	41.26*	40.00	13
14 EXTENDED CARE FACILITY VISIT					27.64*	20.63*	30.00	23.72*	14
15 BRIEF F/U NURSING HOME VISIT	27.85*	27.85*	30.95*	23.21*	28.47*	23.72*	30.95*	23.72*	15
16 INITIAL BRIEF HOSPITAL VISIT	51.58*	51.58*	50.00	64.00	51.58*	51.58*	51.58*	64.00	16
17 INIT INTERMED HOSPITAL VISIT					72.21*	77.00	82.52*	72.21*	17
18 INITIAL COMP HOSPITAL VISIT	92.84*	86.65*	103.15*	86.65*	110.00	96.96*	103.15*	100.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.63*	20.63*	24.76*	20.63*	20.63*	20.63*	22.00	24.76*	19
20 LIMITED F/U HOSPITAL VISIT	30.00	30.00	26.82*	30.00	31.00	30.00	30.95*	30.00	20
21 INTERMED F/U HOSPITAL VISIT	35.00	30.95*	30.95*	30.95*	35.00	30.95*	35.07*	30.95*	21
22 EXTENDED F/U HOSPITAL VISIT					50.00	51.58*	62.00	30.95*	22
23 BRIEF EMERGENCY ROOM VISIT					38.75	31.56*	38.75	34.86*	23
24 LIMITED EMERGENCY ROOM VISIT					45.00	42.50	47.45*	39.61*	24
25 INTERMED EMERGENCY ROOM VISIT					70.00	74.27*	70.00	55.00	25
26 LIMITED CONSULTATION	51.58*	51.58*	51.58*	61.89*	55.70*	51.58*	60.00	57.50	26
27 EXTENSIVE CONSULTATION					90.00	85.00	82.52*	90.00	27
28 COMPREHENSIVE CONSULTATION					123.78*	108.31*	123.78*	103.15*	28
29 PSYCHOTHERAPY-ONE HOUR					70.00	72.21*	72.21*	72.21*	29
30 PSYCHOTHERAPY-HALF HOUR					37.13*	41.26*	40.00	30.95*	30
31 CHIROPRACTIC OFFICE VISIT	16.44*	16.44*	20.57*	16.79*	15.47*	15.47*	20.11*	15.47*	31
32 INITIAL PHYSIOTHERAPY					20.57*	19.00	28.00	21.93*	32
33 F/U PODIATRIC OFFICE VISIT					20.00	20.00	20.63*	20.00	33
34 ELECTROCARDIOGRAM (EKG)	42.00	40.00	38.50	38.00	40.00	40.00	40.00	39.00	34
35 EKG-INTERPRET AND REPORT ONLY	27.00	25.00	23.21*	24.76*	24.00	23.50	18.57*	23.00	35
36 SPIROMETRY					30.95*	30.95*	34.50*	30.95*	36
37 ELECTROENCEPHALOGRAM (EEG)					103.15*	103.15*	103.15*	103.15*	37
38 CHEMOTHERAPY					10.75*	15.00	10.36*	13.08*	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					33.01*	33.01*	33.01*	33.01*	40
41 SKIN BIOPSY					51.58*	55.00	50.00	51.58*	41
42 CHEMOCAUTERY					10.00	10.00	10.00	10.00	42
43 RADICAL MASTECTOMY					1010.87*	990.24*	1031.50*	1057.91*	43
44 OPEN REDUCTION OF FRACTURE					1330.64*	1360.96*	1497.12*	1377.26*	44
45 ARTHROCENTESIS-MAJOR JOINT	37.13*	37.13*	37.13*	35.69*	36.10*	35.00	37.13*	35.00	45
46 CORONARY ARTERY BYPASS					5164.82*	5164.82*	5164.82*	4612.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					3300.80*	3300.80*	3300.80*	3300.80*	47
48 NEEDLE PUNCTURE OF BURSA					30.12*	24.14*	30.12*	27.85*	48
49 BRONCHOSCOPY					222.80*	247.56*	263.03*	309.45*	49
50 THORACENTESIS					60.00	51.58*	61.89*	44.56*	50
51 CATERIZATION OF HEART					649.85*	649.85*	649.85*	649.85*	51
52 INSERTION OF PACEMAKER					1815.00	1815.00	1815.00	1815.00	52
53 PARTIAL COLECTOMY					1204.79*	1286.07*	1355.39*	1246.88*	53
54 APPENDECTOMY	577.64*	587.96*	587.96*	587.96*	587.96*	587.96*	685.95*	649.85*	54
55 SIGMOIDOSCOPY					40.64*	45.18*	45.18*	45.18*	55

1984 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-01	PSRO-02	PSRO-03	PSRO-04	PSRO-01	PSRO-02	PSRO-03	PSRO-04	
56 HEMORRHOIDECTOMY					433.23*	433.23*	557.01*	464.18*	56
57 CHOLECYSTECTOMY					928.35*	987.15*	1200.00	985.00	57
58 REPAIR HERNIA					618.90*	618.90*	649.85*	722.05*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	75.40*	87.74*	80.00	82.25*	68.70*	76.33*	80.00	71.79*	59
60 DILATION OF URETHRA					35.00	42.00	33.01*	35.00	60
61 PROSTATECTOMY - SUPRAPUBIC					1155.28*	1237.80*	1320.32*	1320.32*	61
62 ELECTROSECTION-PROSTATE (TUR)	1343.53*	1398.36*	1576.59*	1418.93*	1237.80*	1320.32*	1444.10*	1237.80*	62
63 HYSTERECTOMY					1134.65*	1114.02*	1299.69*	1134.65*	63
64 INITIAL COMPLETE EYE EXAM					48.00	50.00	51.58*	50.00	64
65 COMPREHENSIVE EYE EXAM					53.00	41.26*	49.51*	41.26*	65
66 EYE EXAM WITH TONOMETRY					20.63*	17.54*	22.00	18.57*	66
67 EXTRACTION OF LENS	1400.00	1131.04*	1233.86*	1233.86*	1277.41*	1085.76*	1197.57*	1053.78*	67
68 CHEST X-RAY - SINGLE VIEW	27.50	28.00	27.50	25.50	30.00	31.00	34.00	30.95*	68
69 CHEST X-RAY - TWO VIEWS	43.00	43.32*	37.13*	41.26*	41.26*	41.26*	41.26*	41.26*	69
70 X-RAY SPINE					82.52*	80.46*	77.36*	88.71*	70
71 X-RAY HIP					49.51*	43.32*	51.58*	47.45*	71
72 X-RAY UPPER GI TRACT	104.20*	90.48*	107.00	95.29*	104.20*	90.48*	107.00	95.29*	72
73 X-RAY COLON					82.52*	74.27*	86.65*	81.49*	73
74 RADIATION THERAPY-LOW VOLT	42.50	42.50	42.50	42.50	42.50	42.50	42.50	42.50	74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					293.98*	293.52*	296.23*	296.66*	77
78 CAT SCAN - ABDOMEN					391.60*	390.98*	394.59*	395.17*	78
79 THREE CHEMISTRY TESTS					20.00	28.00	22.00	25.00	79
80 NINETEEN CHEMISTRY TESTS					40.00	30.00	42.50	36.50	80
81 CULTURE - OTHER THAN BLOOD					15.00	15.00	15.00	15.00	81
82 HEMOGLOBIN					9.00	6.00	9.00	9.00	82
83 AUTOMATED BLOOD COUNT									83
84 WHITE CELL COUNT					5.00	5.00	5.00	5.00	84
85 COMPLETE BLOOD COUNT (CBC)					15.00	15.00	13.00	13.00	85
86 CHOLESTEROL TEST					8.50L	10.00L	13.00	10.00L	86
87 FLOCCULATION TEST					14.00	14.00	14.00	14.00	87
88 HEMATOCRIT					7.00	7.00	7.00	7.00	88
89 PLATELET COUNT (REES-ECKER)					11.00	11.00	14.25	10.00	89
90 POTASSIUM TEST - BLOOD					19.00	19.00	19.00	19.00	90
91 PROTHROMBIN TIME TEST					7.00L	7.00L	9.00L	10.00L	91
92 SEDIMENTATION RATE					6.00L	7.50L	8.75L	7.00L	92
93 BLOOD SUGAR					10.00	12.00	10.00	11.25	93
94 BUN-UREA - NITROGEN					8.50L	10.00L	9.50L	9.00L	94
95 URIC ACID					9.00L	11.00L	10.00L	10.00L	95
96 FECES-OCULT BLOOD-SCREENING					10.00	10.00	10.00	10.00	96
97 PAP TEST					14.00	14.00	14.00	9.00	97
98 ROUTINE URINALYSIS					6.00L	7.25L	7.50L	6.00L	98
99 CHEMICAL URINALYSIS					6.00	5.00	9.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS					40.00	40.00	40.00	40.00	100
101 ELEC MONITORING-PACEMAKER					38.58*	38.39*	40.66*	44.48*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1316.11*	1316.11*	1316.11*	1316.11*	102
103 KIDNEY TRANSPLANT					2467.70*	2467.70*	2467.70*	2467.70*	103
104 HOSPITAL BED - RENTAL					58.00L	58.00L	58.00L	58.00L	104
105 WALKER - RENTAL					18.70	18.70	18.70	18.70	105
106 WHEELCHAIR - RENTAL					31.00L	31.00L	31.00L	31.00L	106
107 LIQUID OXYGEN - RENTAL					75.00	75.00	75.00	75.00	107
108 HOSPITAL BED - PURCHASE					634.40	634.40	634.40	634.40	108
109 WALKER - PURCHASE					61.20	61.20	61.20	61.20	109
110 WHEELCHAIR - PURCHASE					296.00L	296.00L	296.00L	296.00L	110

1984 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-05	PSRO-06	PSRO-07	PSRO-08	PSRO-05	PSRO-06	PSRO-07	PSRO-08	
1 INITIAL BRIEF OFFICE VISIT					30.95*	35.07*	35.07*	33.00	1
2 INITIAL LIMITED OFFICE VISIT	40.00	45.00	38.00	40.00	45.00	45.00	45.00	45.00	2
3 INITIAL INTERMED OFFICE VISIT					69.00	60.00	72.21*	72.21*	3
4 INITIAL COMP OFFICE VISIT	90.00	82.52*	86.65*	86.65*	103.15*	103.15*	103.15*	86.65*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	16.00	14.44*	13.41*	12.38*	16.00	14.44*	12.38*	13.41*	5
6 BRIEF FOLLOWUP OFFICE VISIT	20.63*	20.63*	18.57*	16.50*	20.63*	24.76*	20.63*	16.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.63*	20.63*	20.63*	23.11*	24.76*	24.76*	24.76*	24.76*	7
8 INTERMEDIATE F/U OFFICE VISIT	30.00	30.95*	28.00	30.95*	30.95*	30.95*	30.95*	30.95*	8
9 EXTENDED F/U OFFICE VISIT	40.00	45.00	45.00	43.32*	50.00	51.58*	45.00	44.00	9
10 COMP FOLLOWUP OFFICE VISIT	72.21*	61.89*	72.21*	72.00	72.21*	82.52*	72.21*	77.36*	10
11 BRIEF FOLLOWUP HOME VISIT	30.95*	37.96*	32.00	30.95*	36.72*	36.72*	36.72*	36.00	11
12 LIMITED FOLLOWUP HOME VISIT					36.72*	36.72*	44.15*	36.72*	12
13 INTERMDIATE F/U HOME VISIT	41.26*	46.42*	41.26*	40.00	41.26*	41.26*	41.26*	41.26*	13
14 EXTENDED CARE FACILITY VISIT					28.47*	28.47*	29.29*	22.07*	14
15 BRIEF F/U NURSING HOME VISIT	30.95*	27.85*	27.00	27.85*	31.56*	31.56*	31.56*	28.88*	15
16 INITIAL BRIEF HOSPITAL VISIT	50.00	60.00	61.89*	51.58*	51.58*	61.89*	60.00	51.58*	16
17 INIT INTERMED HOSPITAL VISIT					78.39*	72.21*	72.21*	74.27*	17
18 INITIAL COMP HOSPITAL VISIT	100.00	92.84*	92.84*	92.84*	103.15*	103.15*	103.15*	101.09*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.63*	24.76*	20.63*	20.63*	20.00	30.00	24.76*	18.00	19
20 LIMITED F/U HOSPITAL VISIT	30.00	28.88*	28.88*	30.00	30.95*	30.95*	30.95*	28.88*	20
21 INTERMED F/U HOSPITAL VISIT	30.00	25.79*	25.79*	30.95*	30.95*	30.95*	30.95*	30.95*	21
22 EXTENDED F/U HOSPITAL VISIT					50.00	50.00	41.26*	50.00	22
23 BRIEF EMERGENCY ROOM VISIT					38.75	38.75	38.75	38.75	23
24 LIMITED EMERGENCY ROOM VISIT					47.45*	47.45*	50.00	39.61*	24
25 INTERMED EMERGENCY ROOM VISIT					70.00	70.00	73.00	70.00	25
26 LIMITED CONSULTATION	51.58*	51.58*	61.89*	46.42*	72.21*	60.00	60.00	43.32*	26
27 EXTENSIVE CONSULTATION					82.52*	92.84*	92.84*	72.21*	27
28 COMPREHENSIVE CONSULTATION					103.15*	123.78*	108.31*	101.09*	28
29 PSYCHOTHERAPY-ONE HOUR					72.21*	72.21*	72.21*	70.00	29
30 PSYCHOTHERAPY-HALF HOUR					41.26*	41.26*	36.10*	41.26*	30
31 CHIROPRACTIC OFFICE VISIT	20.57*	20.57*	20.57*	16.44*	18.57*	18.57*	18.57*	15.47*	31
32 INITIAL PHYSIOTHERAPY					30.00	23.31*	22.50	20.00	32
33 F/U PODIATRIC OFFICE VISIT					20.63*	20.63*	24.00	20.00	33
34 ELECTROCARDIOGRAM (EKG)	35.00	37.13*	40.00	43.32*	37.50	40.00	40.00	43.32*	34
35 EKG-INTERPRET AND REPORT ONLY	23.21*	23.21*	25.00	25.00	20.63*	20.63*	25.00	23.00	35
36 SPIROMETRY					30.00	30.95*	30.95*	30.95*	36
37 ELECTROENCEPHALOGRAM (EEG)					102.00	103.15*	103.15*	103.15*	37
38 CHEMOTHERAPY					10.60*	11.86*	12.63*	10.13*	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					33.01*	30.95*	33.01*	33.01*	40
41 SKIN BIOPSY					55.00	47.45*	50.00	51.58*	41
42 CHEMOCAUTERY					10.00	10.00	10.00	10.00	42
43 RADICAL MASTECTOMY					1320.32*	1320.32*	1165.60*	1155.28*	43
44 OPEN REDUCTION OF FRACTURE					1996.16*	1663.40*	1587.89*	1330.64*	44
45 ARTHROCENTESIS-MAJOR JOINT	39.20*	37.00	37.13*	28.88*	45.00	37.00	35.07*	30.95*	45
46 CORONARY ARTERY BYPASS					4500.00	5164.82*	5164.82*	5164.82*	46
47 TOTAL ARTIFICIAL HIP REPLACE					3300.80*	3300.80*	2888.20*	3300.80*	47
48 NEEDLE PUNCTURE OF BURSA					33.83*	30.12*	30.12*	30.12*	48
49 BRONCHOSCOPY					309.45*	309.45*	309.45*	309.45*	49
50 THORACENTESIS					51.58*	70.00	51.58*	43.32*	50
51 CATHETERIZATION OF HEART					649.85*	649.85*	649.85*	649.85*	51
52 INSERTION OF PACEMAKER					1815.00	1815.00	1815.00	1815.00	52
53 PARTIAL COLECTOMY					1445.75*	1573.86*	1355.39*	1084.31*	53
54 APPENDECTOMY	587.96*	587.96*	587.96*	587.96*	783.94*	705.55*	742.68*	685.95*	54
55 SIGMOIDOSCOPY					52.81*	45.18*	52.81*	40.64*	55

1984 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSR0-05	PSR0-06	PSR0-07	PSR0-08	PSR0-05	PSR0-06	PSR0-07	PSR0-08	
56 HEMORRHOIDECTOMY					577.64*	577.64*	567.33*	495.12*	56
57 CHOLECYSTECTOMY					1237.80*	1200.00	1052.13*	897.41*	57
58 REPAIR HERNIA					722.05*	722.05*	649.85*	567.33*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	100.00	100.00	89.12*	75.40*	91.60*	83.96*	87.06*	72.62*	59
60 DILATION OF URETHRA					35.00	30.95*	26.82*	35.00	60
61 PROSTATECTOMY - SUPRAPUBIC					1753.55*	1392.53*	1444.10*	1392.53*	61
62 ELECTROSECTION-PROSTATE (TUR)	1645.14*	1645.14*	1576.59*	1490.00	1650.40*	1650.40*	1340.95*	1402.84*	62
63 HYSTERECTOMY					1444.10*	1444.10*	1186.23*	1114.02*	63
64 INITIAL COMPLETE EYE EXAM					58.00	60.00	45.00	57.76*	64
65 COMPREHENSIVE EYE EXAM					53.00	49.51*	45.00	49.51*	65
66 EYE EXAM WITH TONOMETRY					24.76*	20.63*	20.63*	20.00	66
67 EXTRACTION OF LENS	1508.03*	1370.95*	1370.95*	1302.39*	1596.76*	1357.25*	1357.25*	1277.41*	67
68 CHEST X-RAY - SINGLE VIEW	30.00	30.00	30.95*	30.00	30.95*	30.95*	35.00	30.95*	68
69 CHEST X-RAY - TWO VIEWS	36.00	37.13*	37.13*	37.13*	41.26*	43.32*	39.20*	40.23*	69
70 X-RAY SPINE					80.46*	82.52*	82.52*	80.46*	70
71 X-RAY HIP					46.42*	49.51*	49.51*	46.42*	71
72 X-RAY UPPER GI TRACT	89.12*	98.71*	87.74*	89.80*	89.12*	98.71*	87.74*	89.80*	72
73 X-RAY COLON					87.68*	99.02*	82.52*	80.46*	73
74 RADIATION THERAPY-LOW VOLT	38.00	42.50	32.90*	42.50	38.00	42.50	32.90*	42.50	74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					286.06*	293.32*	285.00	299.55*	77
78 CAT SCAN - ABDOMEN					381.04*	390.71*	397.99*	399.00*	78
79 THREE CHEMISTRY TESTS					27.00	25.50	25.00	25.00	79
80 NINETEEN CHEMISTRY TESTS					35.00	30.00	38.00	35.50	80
81 CULTURE - OTHER THAN BLOOD					16.50	15.00	18.00	10.00	81
82 HEMOGLOBIN					9.00	9.00	10.00	12.00	82
83 AUTOMATED BLOOD COUNT									83
84 WHITE CELL COUNT					5.00	5.00	5.00	5.00	84
85 COMPLETE BLOOD COUNT (CBC)					16.00	15.00	18.00	15.00	85
86 CHOLESTEROL TEST					9.90L	8.50L	9.00L	9.00L	86
87 FLOCCULATION TEST					14.00	14.00	14.00	14.00	87
88 HEMATOCRIT					8.00	7.00	7.00	7.00	88
89 PLATELET COUNT (REES-ECKER)					10.00	10.50	14.00	12.00	89
90 POTASSIUM TEST - BLOOD					19.00	19.00	11.00	19.00	90
91 PROTHROMBIN TIME TEST					9.00L	8.00L	7.50L	8.75L	91
92 SEDIMENTATION RATE					7.50L	8.50L	8.50L	7.00L	92
93 BLOOD SUGAR					12.50	10.00	10.00	10.00	93
94 BUN-UREA - NITROGEN					9.00L	10.00L	10.00L	10.50L	94
95 URIC ACID					9.00L	8.50L	10.00L	10.50L	95
96 FECES-OCULT BLOOD-SCREENING					10.00	10.00	10.00	10.00	96
97 PAP TEST					15.00	12.00	14.00	14.00	97
98 ROUTINE URINALYSIS					6.05L	8.00L	7.00L	8.00L	98
99 CHEMICAL URINALYSIS					7.00	6.50	6.00	5.50	99
100 PATHOLOGY - THREE SPECIMENS					40.00	40.00	40.00	40.00	100
101 ELEC MONITORING-PACEMAKER					37.90*	38.99*	41.65*	37.51*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1316.11*	1316.11*	1316.11*	1316.11*	102
103 KIDNEY TRANSPLANT					2467.70*	2467.70*	2467.70*	2467.70*	103
104 HOSPITAL BED - RENTAL					58.00L	58.00L	58.00L	58.00L	104
105 WALKER - RENTAL					18.70	18.70	18.70	18.70	105
106 WHEELCHAIR - RENTAL					31.00L	31.00L	31.00L	31.00L	106
107 LIQUID OXYGEN - RENTAL					75.00	75.00	75.00	75.00	107
108 HOSPITAL BED - PURCHASE					634.40	634.40	634.40	634.40	108
109 WALKER - PURCHASE					61.20	61.20	61.20	61.20	109
110 WHEELCHAIR - PURCHASE					296.00L	296.00L	296.00L	296.00L	110

1984 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-09	PSRO-10	PSRO-11	PSRO-12	PSRO-09	PSRO-10	PSRO-11	PSRO-12	
1 INITIAL BRIEF OFFICE VISIT					30.95*	30.95*	28.88*	30.95*	1
2 INITIAL LIMITED OFFICE VISIT	40.00	38.00	40.00	40.00	50.00	42.00	45.00	45.00	2
3 INITIAL INTERMED OFFICE VISIT					72.21*	65.00	61.89*	72.21*	3
4 INITIAL COMP OFFICE VISIT	86.65*	85.00	86.65*	89.00	103.15*	100.00	86.65*	100.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	15.00	12.38*	12.38*	12.00	15.00	12.38*	12.38*	11.35*	5
6 BRIEF FOLLOWUP OFFICE VISIT	18.57*	16.50*	16.50*	16.50*	20.63*	20.63*	16.50*	20.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.63*	22.69*	22.69*	22.69*	24.76*	22.69*	22.69*	24.76*	7
8 INTERMEDIATE F/U OFFICE VISIT	28.00	30.00	30.95*	29.00	30.95*	30.95*	30.95*	30.95*	8
9 EXTENDED F/U OFFICE VISIT	35.00	35.00	43.32*	40.00	43.32*	42.00	43.32*	43.32*	9
10 COMP FOLLOWUP OFFICE VISIT	61.89*	57.76*	61.89*	51.58*	72.21*	61.89*	61.89*	77.50	10
11 BRIEF FOLLOWUP HOME VISIT	30.95*	26.82*	30.95*	28.88*	36.72*	36.72*	36.72*	36.72*	11
12 LIMITED FOLLOWUP HOME VISIT					35.28*	36.72*	36.72*	36.72*	12
13 INTERMDIATE F/U HOME VISIT	41.26*	33.42*	41.26*	35.00	41.26*	41.26*	41.26*	41.26*	13
14 EXTENDED CARE FACILITY VISIT					26.82*	22.07*	21.25*	23.72*	14
15 BRIEF F/U NURSING HOME VISIT	27.85*	23.21*	27.85*	27.85*	31.56*	31.56*	20.00*	28.47*	15
16 INITIAL BRIEF HOSPITAL VISIT	60.00	51.58*	51.58*	50.00	70.00	61.89*	51.58*	70.00	16
17 INIT INTERMED HOSPITAL VISIT					77.36*	74.27*	74.27*	80.00	17
18 INITIAL COMP HOSPITAL VISIT	103.15*	86.65*	86.65*	92.84*	103.15*	86.65*	86.65*	103.15*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.63*	18.57*	16.50*	20.63*	24.00	20.63*	16.50*	24.76*	19
20 LIMITED F/U HOSPITAL VISIT	26.82*	28.88*	28.88*	28.00	30.95*	28.88*	24.76*	30.00	20
21 INTERMED F/U HOSPITAL VISIT	30.95*	36.00	43.32*	33.01*	30.95*	30.95*	24.00*	37.00	21
22 EXTENDED F/U HOSPITAL VISIT					60.00	45.00	49.51*	54.00	22
23 BRIEF EMERGENCY ROOM VISIT					38.75	38.75	31.56*	38.75	23
24 LIMITED EMERGENCY ROOM VISIT					47.45*	47.45*	47.45*	39.61*	24
25 INTERMED EMERGENCY ROOM VISIT					61.89*	70.00	70.00	70.00	25
26 LIMITED CONSULTATION	61.89*	51.58*	51.58*	49.51*	51.58*	61.89*	51.58*	49.51*	26
27 EXTENSIVE CONSULTATION					82.52*	82.00	72.21*	72.21*	27
28 COMPREHENSIVE CONSULTATION					103.15*	101.09*	101.09*	113.47*	28
29 PSYCHOTHERAPY-ONE HOUR					72.21*	72.21*	72.21*	82.52*	29
30 PSYCHOTHERAPY-HALF HOUR					40.00	41.26*	41.26*	41.26*	30
31 CHIROPRACTIC OFFICE VISIT	20.57*	16.44*	19.19*	16.44*	18.57*	15.47*	15.47*	15.47*	31
32 INITIAL PHYSIOTHERAPY					25.50	28.80*	24.67*	26.00	32
33 F/U PODIATRIC OFFICE VISIT					20.63*	15.00	20.00	22.69*	33
34 ELECTROCARDIOGRAM (EKG)	40.00	41.26*	40.00	43.32*	40.00	37.13*	40.00	40.00	34
35 EKG-INTERPRET AND REPORT ONLY	23.21*	25.00	21.00	21.66*	20.63*	20.00	25.00	18.57*	35
36 SPIROMETRY					30.95*	30.95*	30.95*	30.95*	36
37 ELECTROENCEPHALOGRAM (EEG)					103.15*	85.00	103.15*	103.15*	37
38 CHEMOTHERAPY					7.90*	13.43*	12.98*	10.75*	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					33.01*	33.01*	33.01*	33.01*	40
41 SKIN BIOPSY					55.00	49.51*	51.58*	49.51*	41
42 CHEMOCAUTERY					10.00	10.00	10.00	10.00	42
43 RADICAL MASTECTOMY					1155.28*	1155.28*	866.46*	1031.50*	43
44 OPEN REDUCTION OF FRACTURE					1761.60*	1330.64*	1330.64*	1330.64*	44
45 ARTHROCENTESIS-MAJOR JOINT	41.26*	34.04*	28.88*	33.01*	40.00	46.42*	30.95*	33.01*	45
46 CORONARY ARTERY BYPASS					4810.00	5164.82*	5164.82*	5164.82*	46
47 TOTAL ARTIFICIAL HIP REPLACE					3300.80*	3300.80*	3300.80*	3300.80*	47
48 NEEDLE PUNCTURE OF BURSA					30.12*	30.12*	27.03*	22.69*	48
49 BRONCHOSCOPY					309.45*	309.45*	309.45*	309.45*	49
50 THORACENTESIS					51.58*	51.58*	51.58*	45.39*	50
51 CATHERIZATION OF HEART					649.85*	649.85*	649.85*	649.85*	51
52 INSERTION OF PACEMAKER					1815.00	1815.00	1815.00	1815.00	52
53 PARTIAL COLECTOMY					1355.39*	1138.57*	1204.79*	1355.39*	53
54 APPENDECTOMY	587.96*	587.96*	587.96*	587.96*	680.79*	685.95*	577.64*	660.16*	54
55 SIGMOIDOSCOPY					45.18*	52.81*	45.18*	45.18*	55

1984 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-09	PSRO-10	PSRO-11	PSRO-12	PSRO-09	PSRO-10	PSRD-11	PSRO-12	
56 HEMORRHOIDECTOMY					585.00	557.01*	433.23*	557.01*	56
57 CHOLECYSTECTOMY					1098.55*	990.24*	866.46*	1031.50*	57
58 REPAIR HERNIA					649.85*	567.33*	567.33*	577.64*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	109.67*	89.12*	75.40*	82.25*	82.52*	76.33*	68.70*	76.33*	59
60 DILATION OF URETHRA					33.01*	46.42*	35.00	40.00	60
61 PROSTATECTOMY - SUPRAPUBIC					1444.10*	1392.53*	1155.28*	1444.10*	61
62 ELECTROSECTION-PRDSTATE (TUR)	1645.14*	1495.00	1316.11*	1370.95*	1361.58*	1402.84*	1155.28*	1444.10*	62
63 HYSTERECTOMY					1237.80*	1237.80*	1237.80*	1155.28*	63
64 INITIAL COMPLETE EYE EXAM					51.58*	55.00	57.76*	35.00	64
65 COMPREHENSIVE EYE EXAM					41.26*	49.51*	49.51*	49.51*	65
66 EYE EXAM WITH TONOMETRY					20.63*	20.00	20.63*	24.00	66
67 EXTRACTION OF LENS	1370.95*	1370.95*	1370.95*	1302.39*	1277.41*	1117.73*	1437.09*	1277.41*	67
68 CHEST X-RAY - SINGLE VIEW	30.00	30.00	27.00	30.95*	30.95*	29.00	28.88*	30.95*	68
69 CHEST X-RAY - TWO VIEWS	39.20*	37.00	43.32*	37.13*	41.26*	41.25	37.13*	41.26*	69
70 X-RAY SPINE					86.65*	82.52*	82.52*	82.52*	70
71 X-RAY HIP					49.51*	49.51*	49.51*	49.51*	71
72 X-RAY UPPER GI TRACT	95.97*	106.24*	100.08*	93.91*	95.97*	106.24*	100.08*	93.91*	72
73 X-RAY COLON					82.52*	82.52*	82.52*	82.52*	73
74 RADIATION THERAPY-LOW VOLT	32.90*	42.50	42.50	42.50	32.90*	42.50	42.50	42.50	74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					300.87*	299.03*	302.39*	300.54*	77
78 CAT SCAN - ABDOMEN					400.78*	398.32*	365.00	400.33*	78
79 THREE CHEMISTRY TESTS					25.00	19.20	22.00	22.00	79
80 NINETEEN CHEMISTRY TESTS					33.00	38.00	40.00	40.00	80
81 CULTURE - OTHER THAN BLOOD					10.00	15.00	16.50	15.00	81
82 HEMOGLOBIN					5.00	5.00	12.50	9.00	82
83 AUTOMATED BLOOD COUNT									83
84 WHITE CELL COUNT					5.00	5.00	5.00	5.00	84
85 COMPLETE BLOOD COUNT (CBC)					13.00	15.00	15.00	15.00	85
86 CHOLESTEROL TEST					10.00L	9.00L	11.75L	8.50L	86
87 FLOCCULATION TEST					14.00	14.00	14.00	14.00	87
88 HEMATOCRIT					9.00	7.00	7.00	7.00	88
89 PLATELET COUNT (REES-ECKER)					11.00	10.00	11.00	10.00	89
90 POTASSIUM TEST - BLOOD					19.00	19.00	19.00	19.00	90
91 PROTHROMBIN TIME TEST					9.00L	10.00L	9.00L	8.00L	91
92 SEDIMENTATION RATE					7.00L	7.00L	8.00L	6.75L	92
93 BLOOD SUGAR					10.00	10.00	15.00	11.00	93
94 BUN-UREA - NITROGEN					11.00	10.00L	12.00	9.00L	94
95 URIC ACID					9.50L	10.00L	12.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING					10.00	10.00	10.00	10.00	96
97 PAP TEST					14.00	14.00	14.00	14.00	97
98 ROUTINE URINALYSIS					8.00L	7.75L	6.00L	7.00L	98
99 CHEMICAL URINALYSIS					6.00	5.50	8.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS					30.00	40.00	40.00	40.00	100
101 ELEC MONITORING-PACEMAKER					38.89*	37.65*	40.04*	37.88*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1316.11*	1316.11*	1316.11*	1316.11*	102
103 KIDNEY TRANSPLANT					2467.70*	2467.70*	2467.70*	2467.70*	103
104 HOSPITAL BED - RENTAL					58.00L	58.00L	58.00L	58.00L	104
105 WALKER - RENTAL					18.70	18.70	18.70	18.70	105
106 WHEELCHAIR - RENTAL					31.00L	31.00L	31.00L	31.00L	106
107 LIQUID OXYGEN - RENTAL					75.00	75.00	75.00	75.00	107
108 HOSPITAL BED - PURCHASE					634.40	634.40	634.40	634.40	108
109 WALKER - PURCHASE					61.20	61.20	61.20	61.20	109
110 WHEELCHAIR - PURCHASE					296.00L	296.00L	296.00L	296.00L	110

1984 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-13	PSRO-14	PSRO-15	PSRD-27	PSRO-13	PSRO-14	PSRO-15	PSRO-27	
1 INITIAL BRIEF OFFICE VISIT					30.95*	33.01*	36.00	33.01*	1
2 INITIAL LIMITED OFFICE VISIT	40.00	40.00	40.00	40.00	48.00	45.00	45.00	45.00	2
3 INITIAL INTERMED OFFICE VISIT					60.00	65.00	70.00	70.00	3
4 INITIAL COMP OFFICE VISIT	74.27*	74.27*	80.00	100.00	100.00	99.02*	100.00	103.15*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	12.00	12.00	12.50	13.50	12.38*	14.44*	14.44*	12.38*	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.44*	16.50*	16.50*	16.50*	16.50*	16.50*	22.00	20.63*	6
7 LIMITED FOLLOWUP OFFICE VISIT	24.76*	24.00	22.69*	22.69*	24.76*	22.69*	22.69*	30.00	7
8 INTERMEDIATE F/U OFFICE VISIT	24.76*	30.00	30.00	30.00	25.79*	33.01*	30.95*	30.95*	8
9 EXTENDED F/U OFFICE VISIT	41.26*	49.51*	35.00	45.00	41.26*	48.00	45.00	45.00	9
10 CDMP FOLLOWUP OFFICE VISIT	50.54*	57.76*	72.21*	72.21*	72.00	51.58*	72.21*	82.52*	10
11 BRIEF FOLLOWUP HOME VISIT	30.95*	30.95*	30.95*	30.95*	36.72*	36.72*	36.93*	36.93*	11
12 LIMITED FOLLOWUP HOME VISIT					36.72*	36.72*	44.15*	44.15*	12
13 INTERMDIATE F/U HOME VISIT	41.26*	41.26*	33.01*	43.32*	41.26*	41.26*	41.26*	41.26*	13
14 EXTENDED CARE FACILITY VISIT					27.64*	23.72*	24.96*	23.52*	14
15 BRIEF F/U NURSING HOME VISIT	27.85*	30.95*	24.55*	30.53*	31.56*	31.56*	31.15*	31.15*	15
16 INITIAL BRIEF HOSPITAL VISIT	46.42*	51.58*	51.58*	51.58*	43.32*	51.58*	51.58*	70.00	16
17 INIT INTERMED HOSPITAL VISIT					61.89*	82.52*	90.00	82.52*	17
18 INITIAL COMP HOSPITAL VISIT	95.93*	99.02*	103.15*	99.02*	100.00	99.02*	113.47*	103.15*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.50*	20.63*	20.63*	20.63*	18.57*	20.63*	20.00	28.00	19
20 LIMITED F/U HOSPITAL VISIT	24.76*	24.76*	28.88*	30.95*	30.95*	30.95*	28.88*	30.95*	20
21 INTERMED F/U HOSPITAL VISIT	30.95*	30.95*	35.00	25.00*	30.95*	43.00	30.95*	33.01*	21
22 EXTENDED F/U HOSPITAL VISIT					51.58*	49.51*	51.58*	47.00	22
23 BRIEF EMERGENCY ROOM VISIT					38.75	38.75	31.15*	23.52*	23
24 LIMITED EMERGENCY ROOM VISIT					47.45*	47.45*	46.83*	45.00	24
25 INTERMED EMERGENCY ROOM VISIT					70.00	70.00	80.00	60.00	25
26 LIMITED CONSULTATION	46.42*	51.58*	51.58*	51.58*	61.89*	51.58*	77.36*	51.58*	26
27 EXTENSIVE CONSULTATION					82.52*	82.52*	77.36*	103.00	27
28 COMPREHENSIVE CONSULTATION					101.09*	115.53*	123.78*	103.15*	28
29 PSYCHOTHERAPY-ONE HOUR					65.00	72.21*	72.21*	103.15*	29
30 PSYCHOTHERAPY-HALF HOUR					41.26*	41.26*	46.42*	61.89*	30
31 CHIROPRACTIC OFFICE VISIT	13.72*	16.44*	16.88*	18.98*	15.47*	15.47*	15.27*	15.27*	31
32 INITIAL PHYSIOTHERAPY					18.18*	30.02*	22.51*	25.17*	32
33 F/U PODIATRIC OFFICE VISIT					22.00	20.63*	22.00	25.00	33
34 ELECTROCARDIOGRAM (EKG)	43.32*	40.00	40.00	40.00	37.13*	49.51*	41.26*	40.00	34
35 EKG-INTERPRET AND REPORT ONLY	23.21*	23.21*	25.00	25.00	18.57*	18.57*	30.95*	20.00	35
36 SPIROMETRY					30.95*	30.95*	40.00	40.00	36
37 ELECTROENCEPHALOGRAM (EEG)					103.15*	103.15*	121.72*	110.00	37
38 CHEMOTHERAPY					10.23*	10.17*	7.08*	15.00	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					33.01*	33.01*	28.88*	28.88*	40
41 SKIN BIOPSY					49.51*	51.58*	52.61*	52.61*	41
42 CHEMOCAUTERY					10.00	10.00	10.32*	10.00	42
43 RADICAL MASTECTOMY					1155.28*	1155.28*	1340.95*	1340.95*	43
44 OPEN REDUCTION OF FRACTURE					1663.40*	1572.62*	1650.40*	1729.21*	44
45 ARTHROCENTESIS-MAJOR JOINT	28.88*	37.13*	33.01*	40.00	44.00	37.50	35.00	41.26*	45
46 CORONARY ARTERY BYPASS					5164.82*	5164.82*	5200.00	5200.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					3300.80*	3300.80*	3094.50*	3094.50*	47
48 NEEDLE PUNCTURE OF BURSA					30.12*	30.12*	40.00	38.17*	48
49 BRONCHOSCOPY					309.45*	309.45*	278.51*	259.94*	49
50 THORACENTESIS					51.58*	49.51*	72.21*	72.21*	50
51 CATHETERIZATION OF HEART					649.85*	649.85*	825.20*	825.20*	51
52 INSERTION OF PACEMAKER					1815.00	1815.00	1815.00	1815.00	52
53 PARTIAL COLECTOMY					1355.39*	1301.13*	1320.32*	1485.36*	53
54 APPENDECTOMY	587.96*	587.96*	660.16*	660.16*	685.95*	685.95*	660.16*	742.68*	54
55 SIGMOIDOSCOPY					39.20*	45.18*	55.70*	55.70*	55

1984 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-13	PSRO-14	PSRO-15	PSRO-27	PSRO-13	PSRO-14	PSRO-15	PSRO-27	
56 HEMORRHOIDECTOMY					557.01*	557.01*	587.96*	585.00	56
57 CHOLECYSTECTOMY					1031.50*	928.35*	1089.26*	1230.00	57
58 REPAIR HERNIA					577.64*	557.01*	686.98*	701.42*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	80.00	82.25*	85.00	97.00	76.33*	68.70*	82.52*	86.65*	59
60 DILATION OF URETHRA					35.00	30.95*	33.01*	36.00	60
61 PROSTATECTOMY - SUPRAPUBIC					1392.53*	1392.53*	1650.40*	1650.40*	61
62 ELECTROSECTION-PROSTATE (TUR)	1508.03*	1316.11*	1600.00	1650.00	1402.84*	1237.80*	1402.84*	1444.10*	62
63 HYSTERECTOMY					1237.80*	1031.50*	1392.53*	1392.53*	63
64 INITIAL COMPLETE EYE EXAM					41.26*	41.26*	50.00	51.00	64
65 COMPREHENSIVE EYE EXAM					41.26*	41.26*	41.26*	41.26*	65
66 EYE EXAM WITH TONOMETRY					20.63*	16.50*	21.66*	21.66*	66
67 EXTRACTION OF LENS	1206.44*	1343.53*	1237.78*	1400.00	1117.73*	1181.69*	1250.18*	1340.95*	67
68 CHEST X-RAY - SINGLE VIEW	30.00	30.95*	30.00	28.88*	30.95*	30.95*	28.88*	26.82*	68
69 CHEST X-RAY - TWO VIEWS	37.13*	46.42*	43.32*	41.26*	39.00	46.42*	43.32*	40.23*	69
70 X-RAY SPINE					82.52*	92.84*	80.46*	107.28*	70
71 X-RAY HIP					49.51*	60.00	49.51*	45.39*	71
72 X-RAY UPPER GI TRACT	95.29*	90.48*	94.24*	92.84*	95.29*	90.48*	94.24*	92.84*	72
73 X-RAY COLON					82.52*	82.52*	74.27*	92.84*	73
74 RADIATION THERAPY-LOW VOLT	42.50	42.50	36.58*	45.00	42.50	42.50	36.58*	45.00	74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					296.39*	296.99*	315.00	315.00	77
78 CAT SCAN - ABDOMEN					394.80*	395.60*	425.00	425.00	78
79 THREE CHEMISTRY TESTS					20.00	26.50	18.00	28.00	79
80 NINETEEN CHEMISTRY TESTS					37.20	48.00	45.00	40.00	80
81 CULTURE - OTHER THAN BLOOD					15.00	15.00	15.00	15.00	81
82 HEMOGLOBIN					9.00	9.00	7.00	10.00	82
83 AUTOMATED BLOOD COUNT									83
84 WHITE CELL COUNT					5.00	5.00	5.00	5.00	84
85 COMPLETE BLOOD COUNT (CBC)					15.00	15.00	15.00	18.00	85
86 CHOLESTEROL TEST					8.50L	10.45L	11.00L	9.00L	86
87 FLOCCULATION TEST					14.00	14.00	14.00	14.00	87
88 HEMATOCRIT					7.00	6.00	7.00	7.00	88
89 PLATELET COUNT (REES-ECKER)					9.60	12.00	10.00	10.00	89
90 POTASSIUM TEST - BLOOD					19.00	19.00	19.00	19.00	90
91 PROTHROMBIN TIME TEST					8.50L	9.50L	9.00L	8.00L	91
92 SEDIMENTATION RATE					6.00L	8.00L	7.00L	7.00L	92
93 BLOOD SUGAR					10.00	10.00	12.00	10.00	93
94 BUN-UREA - NITROGEN					8.50L	10.50L	10.00	10.00L	94
95 URIC ACID					8.50L	12.00L	9.00L	8.50L	95
96 FECES-OCCULT BLOOD-SCREENING					10.00	10.00	10.00	10.00	96
97 PAP TEST					14.00	14.00	10.00	14.00	97
98 ROUTINE URINALYSIS					7.00L	6.50L	6.00L	7.00L	98
99 CHEMICAL URINALYSIS					3.60	5.00	8.00	8.00	99
100 PATHOLOGY - THREE SPECIMENS					40.00	40.00	40.00	40.00	100
101 ELEC MONITORING-PACEMAKER					37.81*	36.45*	49.39*	47.99*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1316.11*	1316.11*	1800.00	1800.00	102
103 KIDNEY TRANSPLANT					2467.70*	2467.70*	2531.80*	2531.80*	103
104 HOSPITAL BED - RENTAL					58.00L	58.00L	58.00L	58.00L	104
105 WALKER - RENTAL					18.70	18.70	18.70	18.70	105
106 WHEELCHAIR - RENTAL					31.00L	31.00L	31.00L	31.00L	106
107 LIQUID OXYGEN - RENTAL					75.00	75.00	75.00	75.00	107
108 HOSPITAL BED - PURCHASE					634.40	634.40	634.40	634.40	108
109 WALKER - PURCHASE					61.20	61.20	61.20	61.20	109
110 WHEELCHAIR - PURCHASE					296.00L	296.00L	296.00L	296.00L	110

1984 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-16	PSRO-17	PSRO-18	PSRO-19	PSRO-16	PSRO-17	PSRO-18	PSRO-19	
1 INITIAL BRIEF OFFICE VISIT					41.30*	33.00*	40.00	41.30*	1
2 INITIAL LIMITED OFFICE VISIT	36.00	40.00	40.00	45.00	42.00	55.00	46.00	60.00	2
3 INITIAL INTERMED OFFICE VISIT					75.00	75.00	70.00	61.90*	3
4 INITIAL COMP OFFICE VISIT	90.00	105.20*	100.00	92.80*	103.20*	107.30*	103.20*	103.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	14.40*	12.40*	15.00	16.50*	13.00	13.20*	12.00	16.50*	5
6 BRIEF FOLLOWUP OFFICE VISIT	17.50*	16.50*	20.60*	20.60*	20.60*	23.50	25.80*	24.80*	6
7 LIMITED FOLLOWUP OFFICE VISIT	25.00	25.00	25.00	24.80*	25.80*	26.80*	30.90*	24.80*	7
8 INTERMEDIATE F/U OFFICE VISIT	30.00	30.00	28.00	30.00	33.00	35.00	30.90*	33.00*	8
9 EXTENDED F/U OFFICE VISIT	40.00	40.00	35.00	35.00	50.00	50.00	40.00	40.00	9
10 COMP FOLLOWUP OFFICE VISIT	72.20*	70.10*	92.80*	72.20*	77.40*	70.10*	82.50*	100.00	10
11 BRIEF FOLLOWUP HOME VISIT	35.10*	33.00*	41.30*	35.00	36.90*	36.90*	36.90*	36.90*	11
12 LIMITED FOLLOWUP HOME VISIT					44.10*	44.10*	40.00	44.10*	12
13 INTERMDIATE F/U HOME VISIT	43.30*	41.30*	41.30*	45.00	41.30*	41.30*	40.00	41.30*	13
14 EXTENDED CARE FACILITY VISIT					26.60*	25.00*	30.00	27.30*	14
15 BRIEF F/U NURSING HOME VISIT	27.40*	24.50*	30.50*	30.50*	25.00*	29.70*	31.20*	35.00	15
16 INITIAL BRIEF HOSPITAL VISIT	52.60*	51.60*	72.20*	60.00	55.70*	51.60*	60.00	60.00	16
17 INIT INTERMED HOSPITAL VISIT					82.50*	82.50*	100.00	92.80*	17
18 INITIAL COMP HOSPITAL VISIT	100.00	99.00*	105.00	103.20*	103.20*	117.60*	103.20*	103.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.60*	20.60*	30.00	24.80*	20.60*	24.80*	30.00	25.00	19
20 LIMITED F/U HOSPITAL VISIT	30.00	33.00	36.10*	40.00	30.90*	33.00*	30.90*	33.00*	20
21 INTERMED F/U HOSPITAL VISIT	37.10*	30.90*	30.90*	20.60*	30.90*	35.10*	30.90*	30.90*	21
22 EXTENDED F/U HOSPITAL VISIT					55.00	65.00	41.30*	41.30*	22
23 BRIEF EMERGENCY ROOM VISIT					31.20*	31.20*	39.00*	39.00*	23
24 LIMITED EMERGENCY ROOM VISIT					40.60*	46.80*	42.10*	50.00	24
25 INTERMED EMERGENCY ROOM VISIT					75.00	77.00	75.00	65.00	25
26 LIMITED CONSULTATION	50.00	50.00	40.00	50.00	55.70*	72.20*	65.00	75.00	26
27 EXTENSIVE CONSULTATION					92.80*	82.50*	103.20*	100.00	27
28 COMPREHENSIVE CONSULTATION					113.50*	117.60*	154.70*	123.80*	28
29 PSYCHOTHERAPY-ONE HOUR					72.20*	80.00	92.80*	85.60*	29
30 PSYCHOTHERAPY-HALF HOUR					42.00	35.00	50.00	50.00	30
31 CHIROPRACTIC OFFICE VISIT					15.30*	18.40*	18.40*	18.40*	31
32 INITIAL PHYSIOTHERAPY					28.10*	28.10*	28.10*	28.10*	32
33 F/U PODIATRIC OFFICE VISIT					27.90*	24.80*	26.00	25.00	33
34 ELECTROCARDIOGRAM (EKG)	40.00	42.00	40.00	42.50	40.00	45.00	40.00	40.00	34
35 EKG-INTERPRET AND REPORT ONLY	25.00	25.00	25.00	25.00	17.00	20.00	20.00	20.00	35
36 SPIROMETRY					50.00	50.00	50.00	50.00	36
37 ELECTROENCEPHALOGRAM (EEG)					110.00	103.20*	110.00	110.00	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS									40
41 SKIN BIOPSY					52.60*	52.60*	72.20*	52.60*	41
42 CHEMOCAUTERY									42
43 RADICAL MASTECTOMY					1341.00*	1341.00*	1341.00*	1341.00*	43
44 OPEN REDUCTION OF FRACTURE					1588.50*	1729.20*	1856.70*	1902.10*	44
45 ARTHROCENTESIS-MAJOR JOINT	37.10*	37.10*	39.20*	43.30*	40.00	40.00	40.00	30.90*	45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					3094.50*	3094.50*	3094.50*	3094.50*	47
48 NEEDLE PUNCTURE OF BURSA					39.70*	39.70*	39.70*	31.80*	48
49 BRONCHOSCOPY					278.50*	278.50*	278.50*	278.50*	49
50 THORACENTESIS					51.60*	51.60*	51.60*	51.60*	50
51 CATHETERIZATION OF HEART					825.20*	825.20*	825.20*	825.20*	51
52 INSERTION OF PACEMAKER									52
53 PARTIAL COLECTOMY					1680.00	1402.80*	1650.40*	1588.50*	53
54 APPENDECTOMY					742.70*	742.70*	742.70*	742.70*	54
55 SIGMOIDOSCOPY					49.50*	55.70*	53.10*	52.00*	55

1984 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-16	PSRO-17	PSRO-18	PSRO-19	PSRO-16	PSRO-17	PSRO-18	PSRO-19	
56 HEMORRHOIDECTOMY					618.90*	618.90*	618.90*	618.90*	56
57 CHOLECYSTECTOMY					1237.80*	1134.70*	1326.50*	1237.80*	57
58 REPAIR HERNIA					779.80*	779.80*	825.20*	825.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					86.60*	88.30*	100.00	104.00*	59
60 DILATION OF URETHRA					35.00	35.00	33.00*	61.90*	60
61 PROSTATECTOMY - SUPRAPUBIC									61
62 ELECTROSECTION-PROSTATE (TUR)					1650.40*	1320.30*	1753.60*	1732.90*	62
63 HYSTERECTOMY					1392.50*	1392.50*	1444.10*	1559.60*	63
64 INITIAL COMPLETE EYE EXAM					50.00	45.00	55.00	54.20*	64
65 COMPREHENSIVE EYE EXAM					60.00	49.50*	60.00	53.60*	65
66 EYE EXAM WITH TONOMETRY					20.60*	21.70*	20.60*	20.60*	66
67 EXTRACTION OF LENS					1444.10*	1444.10*	1650.40*	1650.40*	67
68 CHEST X-RAY - SINGLE VIEW	30.90*	30.00	32.00	30.90*	37.00	30.90*	38.00	30.90*	68
69 CHEST X-RAY - TWO VIEWS	43.30*	48.00	43.30*	43.30*	43.30*	46.40*	43.30*	46.40*	69
70 X-RAY SPINE					93.90*	93.00	89.70*	100.60*	70
71 X-RAY HIP					50.50*	54.30*	56.70*	54.30*	71
72 X-RAY UPPER GI TRACT					85.00	85.00	85.00	85.00	72
73 X-RAY COLON					92.80*	92.80*	92.80*	102.00	73
74 RADIATION THERAPY-LOW VOLT					45.80*	45.80*	45.80*	45.80*	74
75 RADIATION THERAPY-SUPER VOLT					57.80*	61.90*	57.80*	61.90*	75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD									77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS									79
80 NINETEEN CHEMISTRY TESTS									80
81 CULTURE - OTHER THAN BLOOD					20.00	20.00	20.00	20.00	81
82 HEMOGLOBIN					8.00	8.00	6.00	6.50	82
83 AUTOMATED BLOOD COUNT					10.00	10.00	10.00	10.00	83
84 WHITE CELL COUNT					8.00	8.00	8.00	8.00	84
85 COMPLETE BLOOD COUNT (CBC)									85
86 CHOLESTEROL TEST					10.00L	9.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					8.00	8.00	8.00	8.00	87
88 HEMATOCRIT					8.00	5.00	8.00	6.50	88
89 PLATELET COUNT (REES-ECKER)					13.00	13.00	10.00	12.50	89
90 POTASSIUM TEST - BLOOD					10.00	10.00	10.00	10.00	90
91 PROTHROMBIN TIME TEST					9.00L	10.00L	7.50L	8.00L	91
92 SEDIMENTATION RATE					6.00L	6.50L	5.00L	6.00L	92
93 BLOOD SUGAR					12.00	12.00	12.00	12.00	93
94 BUN-UREA - NITROGEN					10.00L	9.00L	10.00L	8.00L	94
95 URIC ACID					10.00L	9.00L	8.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING					12.00	12.00	12.00	12.00	96
97 PAP TEST					15.00	15.00	17.00	15.00	97
98 ROUTINE URINALYSIS					8.00L	7.00L	7.00L	6.00L	98
99 CHEMICAL URINALYSIS					6.00	7.00	5.50	6.00	99
100 PATHOLOGY - THREE SPECIMENS							25.00	25.00	100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					73.50L	73.50L	73.50L	73.50L	104
105 WALKER - RENTAL					38.50	38.50	38.50	38.50	105
106 WHEELCHAIR - RENTAL					37.00L	37.00L	37.00L	37.00L	106
107 LIQUID OXYGEN - RENTAL					75.00	75.00	75.00	75.00	107
108 HOSPITAL BED - PURCHASE					619.47L	619.47L	619.47L	619.47L	108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE					280.00L	280.00L	280.00L	280.00L	110

1984 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-20	PSRO-21	PSRO-22	PSRO-23	PSRO-20	PSRO-21	PSRO-22	PSRO-23	
1 INITIAL BRIEF OFFICE VISIT					35.00	40.00	41.30*	33.00*	1
2 INITIAL LIMITED OFFICE VISIT	38.00	37.24	42.00	45.00	75.00	45.00	60.00	50.00	2
3 INITIAL INTERMED OFFICE VISIT					60.00	61.90*	75.00	75.00	3
4 INITIAL COMP OFFICE VISIT	100.00	95.00	103.20*	90.00	103.20*	103.20*	103.20*	113.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	15.00	13.00	17.00	20.00	15.00	15.00	16.00	18.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	20.60*	20.60*	20.60*	20.60*	24.80*	24.80*	30.00	24.80*	6
7 LIMITED FOLLOWUP OFFICE VISIT	24.80*	24.80*	24.80*	22.70*	30.90*	30.00	30.90*	24.80*	7
8 INTERMEDIATE F/U OFFICE VISIT	30.00	25.00	30.90*	26.00	35.10*	33.00	30.90*	30.90*	8
9 EXTENDED F/U OFFICE VISIT	40.00	35.00	43.00	50.00	50.00	45.00	50.00	50.00	9
10 COMP FOLLOWUP OFFICE VISIT	72.20*	75.00	72.20*	75.00	85.60*	82.50*	92.80*	90.00	10
11 BRIEF FOLLOWUP HOME VISIT	40.00	33.00	40.00	33.00*	36.90*	36.90*	36.90*	36.90*	11
12 LIMITED FOLLOWUP HOME VISIT					44.10*	40.00	44.10*	44.10*	12
13 INTERMDIATE F/U HOME VISIT	41.30*	36.00	51.60*	41.30*	41.30*	41.30*	41.30*	41.30*	13
14 EXTENDED CARE FACILITY VISIT					30.00	25.00*	30.00	25.00*	14
15 BRIEF F/U NURSING HOME VISIT	30.50*	24.50*	30.50*	30.00	31.20*	35.00	31.20*	31.20*	15
16 INITIAL BRIEF HOSPITAL VISIT	65.00	72.20*	72.20*	72.20*	50.00	80.00	72.20*	75.00	16
17 INIT INTERMED HOSPITAL VISIT					99.00*	82.50*	103.20*	100.00	17
18 INITIAL COMP HOSPITAL VISIT	117.60*	103.20*	103.20*	103.20*	103.20*	103.20*	103.20*	123.80*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	30.00	30.00	30.00	26.00	30.00	30.00	30.00	30.00	19
20 LIMITED F/U HOSPITAL VISIT	33.00*	30.90*	40.00	30.90*	37.10*	30.90*	40.00	30.90*	20
21 INTERMED F/U HOSPITAL VISIT	30.90*	30.90*	30.90*	30.90*	30.90*	30.90*	41.30*	30.90*	21
22 EXTENDED F/U HOSPITAL VISIT					41.30*	41.30*	61.90*	35.00*	22
23 BRIEF EMERGENCY ROOM VISIT					39.00*	37.50*	39.00*	39.00*	23
24 LIMITED EMERGENCY ROOM VISIT					39.00*	46.80*	46.80*	39.00*	24
25 INTERMED EMERGENCY ROOM VISIT					75.00	65.00	75.00	60.00	25
26 LIMITED CONSULTATION	50.00	45.00	50.00	50.00	72.20*	65.00	70.00	60.00	26
27 EXTENSIVE CONSULTATION					103.20*	100.00	103.20*	75.00	27
28 COMPREHENSIVE CONSULTATION					134.10*	103.20*	154.70*	150.00	28
29 PSYCHOTHERAPY-ONE HOUR					82.50*	103.20*	72.20*	103.20*	29
30 PSYCHOTHERAPY-HALF HOUR					50.00	51.60*	60.00	55.00	30
31 CHIROPRACTIC OFFICE VISIT					18.40*	18.40*	18.40*	16.10*	31
32 INITIAL PHYSIOTHERAPY					28.10*	28.10*	28.10*	28.10*	32
33 F/U PODIATRIC OFFICE VISIT					30.00	25.00	24.80*	30.00	33
34 ELECTROCARDIOGRAM (EKG)	43.30*	40.00	43.30*	45.00	45.00	40.00	41.30*	41.30*	34
35 EKG-INTERPRET AND REPORT ONLY	25.00	25.00	25.00	25.00	20.60*	20.00	20.00	20.00	35
36 SPIROMETRY					50.00	50.00	50.00	50.00	36
37 ELECTROENCEPHALOGRAM (EEG)					110.00	110.00	110.00	110.00	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS									40
41 SKIN BIOPSY					52.60*	60.80	52.60*	60.80	41
42 CHEMOCAUTERY									42
43 RADICAL MASTECTOMY					1341.00*	1341.00*	1341.00*	1341.00*	43
44 OPEN REDUCTION OF FRACTURE					1886.40*	1928.90*	2075.00*	1902.10*	44
45 ARTHROCENTESIS-MAJOR JOINT	41.30*	37.10*	37.10*	41.30*	41.30*	40.00	40.00	30.90*	45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					3094.50*	3094.50*	3094.50*	3094.50*	47
48 NEEDLE PUNCTURE OF BURSA					31.80*	39.70*	39.70*	39.70*	48
49 BRONCHOSCOPY					278.50*	278.50*	278.50*	278.50*	49
50 THORACENTESIS					51.60*	51.60*	51.60*	51.60*	50
51 CATHERIZATION OF HEART					825.20*	825.20*	825.20*	825.20*	51
52 INSERTION OF PACEMAKER									52
53 PARTIAL COLECTOMY					2063.00*	1928.00	2011.40*	1980.00	53
54 APPENDECTOMY					742.70*	742.70*	742.70*	742.70*	54
55 SIGMOIDOSCOPY					57.10*	55.70*	58.00	58.00	55

1984 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-20	PSRO-21	PSRO-22	PSRO-23	PSRO-20	PSRO-21	PSRO-22	PSRO-23	
56 HEMORRHOIDECTOMY					618.90*	618.90*	618.90*	618.90*	56
57 CHOLECYSTECTOMY					1341.00*	1312.00	1392.50*	1237.80*	57
58 REPAIR HERNIA					825.20*	866.50*	921.00	921.00	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					103.20*	100.00	112.40*	103.20*	59
60 DILATION OF URETHRA					35.10*	30.90*	30.90*	37.50	60
61 PROSTATECTOMY - SUPRAPUBIC									61
62 ELECTROSECTION-PROSTATE (TUR)					1707.10*	1650.40*	1856.70*	1650.40*	62
63 HYSTERECTOMY					1753.60*	1500.00	1444.10*	1485.40*	63
64 INITIAL COMPLETE EYE EXAM					61.90*	45.00	50.00	57.80*	64
65 COMPREHENSIVE EYE EXAM					49.50*	49.50*	51.60*	60.00	65
66 EYE EXAM WITH TONOMETRY					20.00	18.60*	20.00	24.80*	66
67 EXTRACTION OF LENS					1785.90*	1444.10*	1785.90*	1650.40*	67
68 CHEST X-RAY - SINGLE VIEW	30.00	30.00	30.90*	30.00	35.00	30.90*	30.90*	40.20*	68
69 CHEST X-RAY - TWO VIEWS	43.30*	44.40*	45.40*	46.40*	43.30*	46.40*	43.30*	46.40*	69
70 X-RAY SPINE					89.70*	102.10*	93.90*	96.00	70
71 X-RAY HIP					51.60*	57.80*	49.50*	46.00	71
72 X-RAY UPPER GI TRACT					85.00	85.00	85.00	85.00	72
73 X-RAY COLON					114.50*	98.00*	92.80*	92.80*	73
74 RADIATION THERAPY-LOW VOLT					45.80*	45.80*	45.80*	45.80*	74
75 RADIATION THERAPY-SUPER VOLT					57.80*	61.90*	57.80*	61.90*	75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD									77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS									79
80 NINETEEN CHEMISTRY TESTS									80
81 CULTURE - OTHER THAN BLOOD					20.00	20.00	20.00	14.00	81
82 HEMOGLOBIN					12.00	11.00	8.50	5.00	82
83 AUTOMATED BLOOD COUNT					10.00	10.00	10.00	10.00	83
84 WHITE CELL COUNT					8.00	8.00	8.00	8.00	84
85 COMPLETE BLOOD COUNT (CBC)									85
86 CHOLESTEROL TEST					9.00L	8.00L	10.00L	10.00L	86
87 FLOCCULATION TEST					8.00	8.00	8.00	8.00	87
88 HEMATOCRIT					8.00	10.00	8.00	12.00	88
89 PLATELET COUNT (REES-ECKER)					12.00	12.00	15.00	12.00	89
90 POTASSIUM TEST - BLOOD					10.00	10.00	10.00	10.00	90
91 PROTHROMBIN TIME TEST					9.95L	8.00L	8.25L	9.00L	91
92 SEDIMENTATION RATE					8.00L	6.00L	7.50L	6.00L	92
93 BLOOD SUGAR					9.00	12.00	12.00	12.00	93
94 BUN-UREA - NITROGEN					9.50L	10.00L	10.00L	10.00L	94
95 URIC ACID					9.00L	10.00L	10.00L	10.00L	95
96 FECES-OCULT BLOOD-SCREENING					12.00	12.00	10.00	12.00	96
97 PAP TEST					20.00	15.00	15.00	15.00	97
98 ROUTINE URINALYSIS					8.00L	6.00L	8.00L	7.50L	98
99 CHEMICAL URINALYSIS					6.00	5.00	5.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS					35.00	30.00	25.00	30.00	100
101 ELEC MONITORING-PACEMAKER									101
102 OONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					73.50L	73.50L	73.50L	73.50L	104
105 WALKER - RENTAL					38.50	38.50	38.50	38.50	105
106 WHEELCHAIR - RENTAL					37.00L	37.00L	37.00L	37.00L	106
107 LIQUID OXYGEN - RENTAL					75.00	75.00	75.00	75.00	107
108 HOSPITAL BED - PURCHASE					619.47L	619.47L	619.47L	619.47L	108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE					280.00L	280.00L	280.00L	280.00L	110

1984 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-24	PSRO-25	PSRO-26	PSRO-28	PSRO-24	PSRO-25	PSRO-26	PSRO-28	
1 INITIAL BRIEF OFFICE VISIT					35.00	41.30*	37.10*	35.10*	1
2 INITIAL LIMITED OFFICE VISIT	40.00	42.50	40.00	36.00	50.00	50.00	50.00	45.00	2
3 INITIAL INTERMED OFFICE VISIT					72.20*	75.00	72.20*	72.20*	3
4 INITIAL COMP OFFICE VISIT	103.20*	103.20*	103.20*	99.00*	103.20*	103.20*	103.20*	110.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	15.00	15.00	16.50*	14.40*	14.00	16.00	14.40*	14.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	20.60*	24.80*	20.60*	18.60*	24.80*	30.00	24.80*	20.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	24.80*	25.00	24.80*	22.70*	30.00	30.90*	24.80*	22.70*	7
8 INTERMEDIATE F/U OFFICE VISIT	30.00	35.00	30.00	30.00	30.90*	40.00	30.90*	35.00	8
9 EXTENDED F/U OFFICE VISIT	45.00	44.00	42.00	45.00	50.00	45.00	40.00	50.00	9
10 COMP FOLLOWUP OFFICE VISIT	70.00	65.00	72.20*	72.20*	72.20*	72.20*	82.50*	85.00	10
11 BRIEF FOLLOWUP HOME VISIT	35.00	40.00	40.00	33.00*	35.00	35.00	36.90*	25.00	11
12 LIMITED FOLLOWUP HOME VISIT					39.00	44.10*	44.10*	39.00	12
13 INTERMEDIATE F/U HOME VISIT	40.00	35.00	41.30*	45.00	41.30*	40.00	41.30*	41.30*	13
14 EXTENDED CARE FACILITY VISIT					27.30*	30.00	30.00	25.00*	14
15 BRIEF F/U NURSING HOME VISIT	27.40*	30.50*	30.50*	27.40*	31.20*	39.00*	31.20*	25.00*	15
16 INITIAL BRIEF HOSPITAL VISIT	72.20*	75.00	72.20*	53.00	68.00	65.00	75.00	51.60*	16
17 INIT INTERMED HOSPITAL VISIT					82.50*	100.00	103.20*	85.60*	17
18 INITIAL COMP HOSPITAL VISIT	103.20*	108.30*	103.20*	99.00*	108.30*	105.20*	123.80*	120.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	25.00	25.00	26.80*	20.60*	30.00	30.00	30.00	24.80*	19
20 LIMITED F/U HOSPITAL VISIT	35.00	35.00	30.90*	30.00	41.30*	41.30*	33.00*	35.00	20
21 INTERMED F/U HOSPITAL VISIT	41.30*	30.90*	37.10*	24.80*	30.90*	41.30*	30.90*	30.90*	21
22 EXTENDED F/U HOSPITAL VISIT					41.30*	51.60*	55.00	51.60*	22
23 BRIEF EMERGENCY ROOM VISIT					31.20*	46.80*	39.00*	31.20*	23
24 LIMITED EMERGENCY ROOM VISIT					46.80*	50.00	46.80*	46.00*	24
25 INTERMED EMERGENCY ROOM VISIT					75.00	75.00	70.00	65.00	25
26 LIMITED CONSULTATION	50.00	50.00	50.00	50.00	60.00	58.50	65.00	61.90*	26
27 EXTENSIVE CONSULTATION					100.00	100.00	100.00	85.60*	27
28 COMPREHENSIVE CONSULTATION					150.00	154.70*	123.80*	121.70*	28
29 PSYCHOTHERAPY-ONE HOUR					82.50*	82.50*	82.50*	82.50*	29
30 PSYCHOTHERAPY-HALF HOUR					60.00	49.50*	49.50*	49.50*	30
31 CHIROPRACTIC OFFICE VISIT					18.40*	18.40*	18.40*	18.40*	31
32 INITIAL PHYSIOTHERAPY					28.10*	28.10*	28.10*	28.10*	32
33 F/U PODIATRIC OFFICE VISIT					30.00	30.00	25.00	20.00	33
34 ELECTROCARDIOGRAM (EKG)	40.00	40.00	44.40*	40.00	41.30*	41.30*	41.30*	42.00	34
35 EKG-INTERPRET AND REPORT ONLY	25.00	25.00	25.00	25.00	20.00	20.00	20.60*	19.00	35
36 SPIROMETRY					50.00	50.00	50.00	50.00	36
37 ELECTROENCEPHALOGRAM (EEG)					103.20*	110.00	103.20*	103.20*	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS									40
41 SKIN BIOPSY					60.80	60.80	60.80	55.00	41
42 CHEMOCAUTERY									42
43 RADICAL MASTECTOMY					1237.80*	1341.00*	1341.00*	1254.30*	43
44 OPEN REDUCTION OF FRACTURE					1959.90*	2167.80*	1902.10*	1815.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	40.00	24.80*	41.30*	37.10*	41.30*	22.70*	40.00	43.30*	45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					2166.20*	3094.50*	3094.50*	3094.50*	47
48 NEEDLE PUNCTURE OF BURSA					31.80*	31.80*	39.70*	35.70*	48
49 BRONCHOSCOPY					247.60*	278.50*	278.50*	278.50*	49
50 THORACENTESIS					51.60*	51.60*	51.60*	51.60*	50
51 CATHETERIZATION OF HEART					825.20*	825.20*	825.20*	825.20*	51
52 INSERTION OF PACEMAKER									52
53 PARTIAL COLECTOMY					1980.50*	2500.00	1732.90*	1485.40*	53
54 APPENDECTOMY					825.20*	742.70*	742.70*	725.10*	54
55 SIGMOIDOSCOPY					57.10*	58.00	50.00	47.70*	55

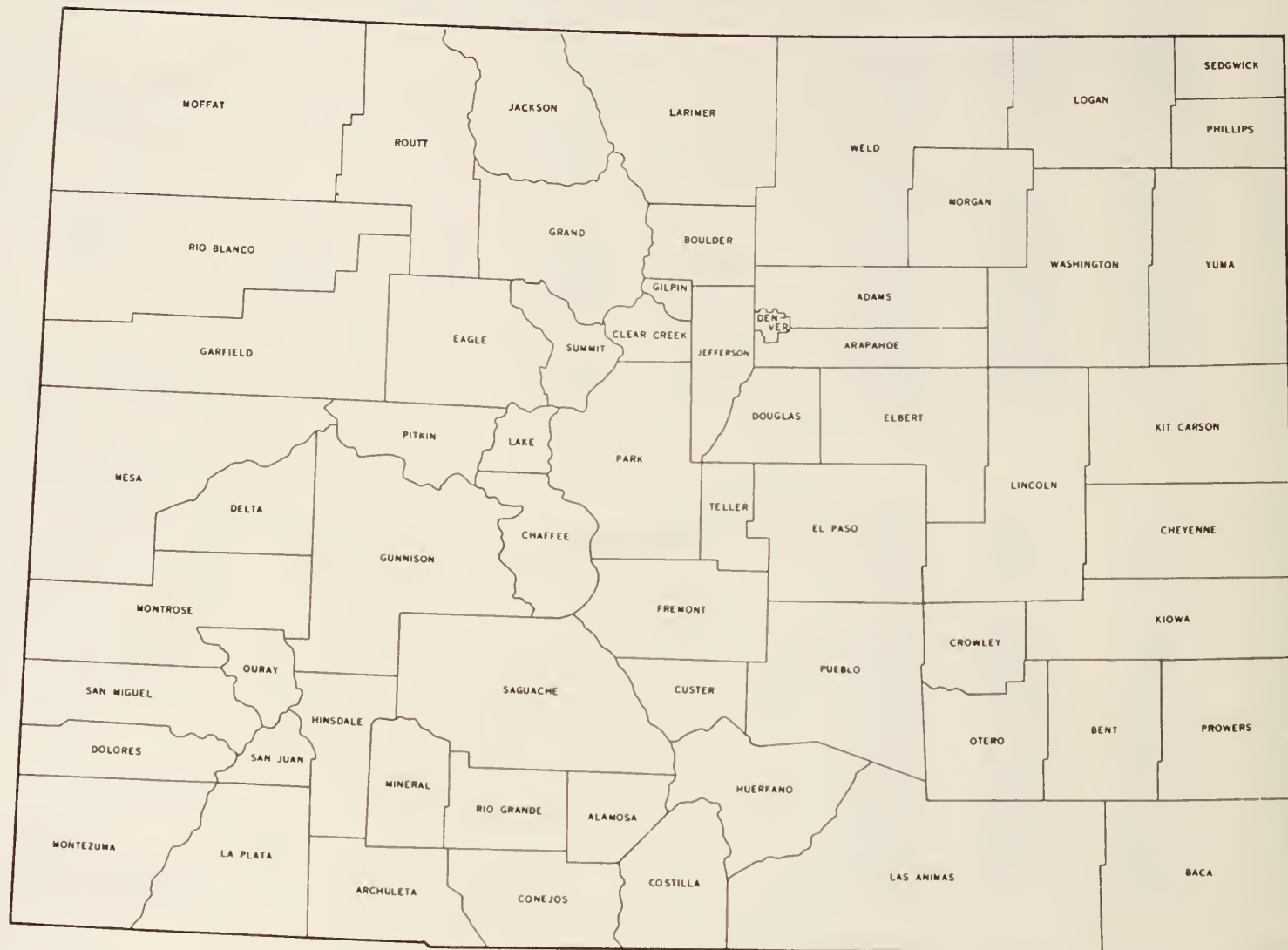
1984 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-24	PSRO-25	PSRO-26	PSRO-28	PSRO-24	PSRO-25	PSRO-26	PSRO-28	
56 HEMORRHOIDECTOMY					695.00	618.90*	618.90*	557.00*	56
57 CHOLECYSTECTOMY					1547.30*	1650.40*	1196.50*	1107.00	57
58 REPAIR HERNIA					921.00	921.00	742.70*	757.10*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					92.80*	123.80*	96.30*	88.30*	59
60 DILATION OF URETHRA					30.90*	35.00	40.00	30.90*	60
61 PROSTATECTOMY - SUPRAPUBIC									61
62 ELECTROSECTION-PROSTATE (TUR)					1650.40*	1898.00*	1609.10*	1485.40*	62
63 HYSTERECTOMY					1444.10*	1547.30*	1444.10*	1341.00*	63
64 INITIAL COMPLETE EYE EXAM					50.00	50.00	50.00	50.00	64
65 COMPREHENSIVE EYE EXAM					57.80*	61.90*	49.50*	49.50*	65
66 EYE EXAM WITH TONOMETRY					25.00	25.00	20.00	20.60*	66
67 EXTRACTION OF LENS					1500.00	1753.60*	1380.10*	1444.10*	67
68 CHEST X-RAY - SINGLE VIEW	30.00	25.00	26.00	30.00	30.90*	35.10*	36.00	30.90*	68
69 CHEST X-RAY - TWO VIEWS	44.00	46.00	45.40*	43.30*	43.30*	41.30*	47.40*	43.30*	69
70 X-RAY SPINE					83.60*	82.50*	85.60*	91.00	70
71 X-RAY HIP					55.70*	51.60*	53.60*	50.50*	71
72 X-RAY UPPER GI TRACT					85.00	85.00	85.00	85.00	72
73 X-RAY COLON					95.00	105.00	92.80*	92.80*	73
74 RADIATION THERAPY-LOW VOLT					45.80*	45.80*	45.80*	45.80*	74
75 RADIATION THERAPY-SUPER VOLT					61.90*	57.80*	57.80*	57.80*	75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD									77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS									79
80 NINETEEN CHEMISTRY TESTS									80
81 CULTURE - OTHER THAN BLOOD					20.00	20.00	15.00	20.00	81
82 HEMOGLOBIN					8.00	8.00	8.00	7.00	82
83 AUTOMATED BLOOD COUNT					10.00	10.00	10.00	10.00	83
84 WHITE CELL COUNT					8.00	8.00	8.00	8.00	84
85 COMPLETE BLOOD COUNT (CBC)									85
86 CHOLESTEROL TEST					8.00L	10.00L	8.00L	9.00L	86
87 FLOCCULATION TEST					8.00	8.00	8.00	8.00	87
88 HEMATOCRIT					8.00	9.00	7.00	8.00	88
89 PLATELET COUNT (REES-ECKER)					11.00	19.00	12.50	10.00	89
90 POTASSIUM TEST - BLOOD					10.00	10.00	10.00	10.00	90
91 PROTHROMBIN TIME TEST					8.00L	10.00L	8.75L	8.50L	91
92 SEDIMENTATION RATE					6.00L	7.50L	7.00L	7.50L	92
93 BLOOD SUGAR					12.00	12.00	12.00	12.00	93
94 BUN-UREA - NITROGEN					8.80L	9.00L	6.66L	8.50L	94
95 URIC ACID					10.00L	10.00L	8.00L	9.00L	95
96 FECES-OCCULT BLOOD-SCREENING					12.00	15.00	15.00	12.00	96
97 PAP TEST					20.00	15.00	12.00	15.00	97
98 ROUTINE URINALYSIS					6.50L	8.00L	7.00L	7.00L	98
99 CHEMICAL URINALYSIS					5.00	5.00	7.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS						40.00	30.00		100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					73.50L	73.50L	73.50L	73.50L	104
105 WALKER - RENTAL					38.50	38.50	38.50	38.50	105
106 WHEELCHAIR - RENTAL					37.00L	37.00L	37.00L	37.00L	106
107 LIQUID OXYGEN - RENTAL					75.00	75.00	75.00	75.00	107
108 HOSPITAL BED - PURCHASE					619.47L	619.47L	619.47L	619.47L	108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE					280.00L	280.00L	280.00L	280.00L	110

COLORADO

COLORADO



One Locality - Statewide

1984 PREVAILING CHARGE SUMMARY DATA COLORADO MEDICAL SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

COLORADO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		20.70*	1
2 INITIAL LIMITED OFFICE VISIT	25.00	49.00	2
3 INITIAL INTERMED OFFICE VISIT			3
4 INITIAL COMP OFFICE VISIT	50.00	72.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.20*	6.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.40*	15.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	14.40*	16.30*	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	20.70*	8
9 EXTENDED F/U OFFICE VISIT	25.00	31.00*	9
10 COMP FOLLOWUP OFFICE VISIT	41.20*	61.90*	10
11 BRIEF FOLLOWUP HOME VISIT	20.00	20.70*	11
12 LIMITED FOLLOWUP HOME VISIT		24.80*	12
13 INTERMDIATE F/U HOME VISIT	24.80*		13
14 EXTENDED CARE FACILITY VISIT		24.80*	14
15 BRIEF F/U NURSING HOME VISIT	14.40*	16.30*	15
16 INITIAL BRIEF HOSPITAL VISIT	31.00*	45.00	16
17 INIT INTERMED HOSPITAL VISIT		51.50*	17
18 INITIAL COMP HOSPITAL VISIT	72.20*	82.70*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.40*	16.30*	19
20 LIMITED F/U HOSPITAL VISIT	20.00*	20.70*	20
21 INTERMED F/U HOSPITAL VISIT			21
22 EXTENDED F/U HOSPITAL VISIT		37.20*	22
23 BRIEF EMERGENCY ROOM VISIT		15.00*	23
24 LIMITED EMERGENCY ROOM VISIT		31.00*	24
25 INTERMED EMERGENCY ROOM VISIT			25
26 LIMITED CONSULTATION	31.00*	48.00	26
27 EXTENSIVE CONSULTATION		51.50*	27
28 COMPREHENSIVE CONSULTATION		86.60*	28
29 PSYCHOTHERAPY-ONE HOUR		61.90*	29
30 PSYCHOTHERAPY-HALF HOUR		37.70*	30
31 CHIROPRACTIC OFFICE VISIT		15.80*	31
32 INITIAL PHYSIOTHERAPY		14.60*	32
33 F/U PODIATRIC OFFICE VISIT		20.00	33
34 ELECTROCARDIOGRAM (EKG)	27.50*	27.40*	34
35 EKG-INTERPRET AND REPORT ONLY	11.20*	15.00*	35
36 SPIROMETRY		41.20*	36
37 ELECTROENCEPHALOGRAM (EEG)		72.20*	37
38 CHEMOTHERAPY		22.00	38
39 COLLECTION OF SPECIMENS		7.00	39
40 DEBRIDEMENT OF NAILS		19.80	40
41 SKIN BIOPSY		25.00	41
42 CHEMOCAUTERY			42
43 RADICAL MASTECTOMY		806.25*	43
44 OPEN REDUCTION OF FRACTURE		851.90*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.90*	31.00*	45
46 CORONARY ARTERY BYPASS		2329.50*	46
47 TOTAL ARTIFICIAL HIP REPLACE		1238.00*	47
48 NEEDLE PUNCTURE OF BURSA			48
49 BRONCHOSCOPY		185.70*	49
50 THORACENTESIS		51.50*	50
51 CATHETERIZATION OF HEART		515.70*	51
52 INSERTION OF PACEMAKER		854.10*	52
53 PARTIAL COLECTOMY		990.50*	53
54 APPENDECTOMY	270.00*	433.20*	54
55 SIGMOIDOSCOPY		31.00*	55

1984 PREVAILING CHARGE SUMMARY DATA COLORADO MEDICAL SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

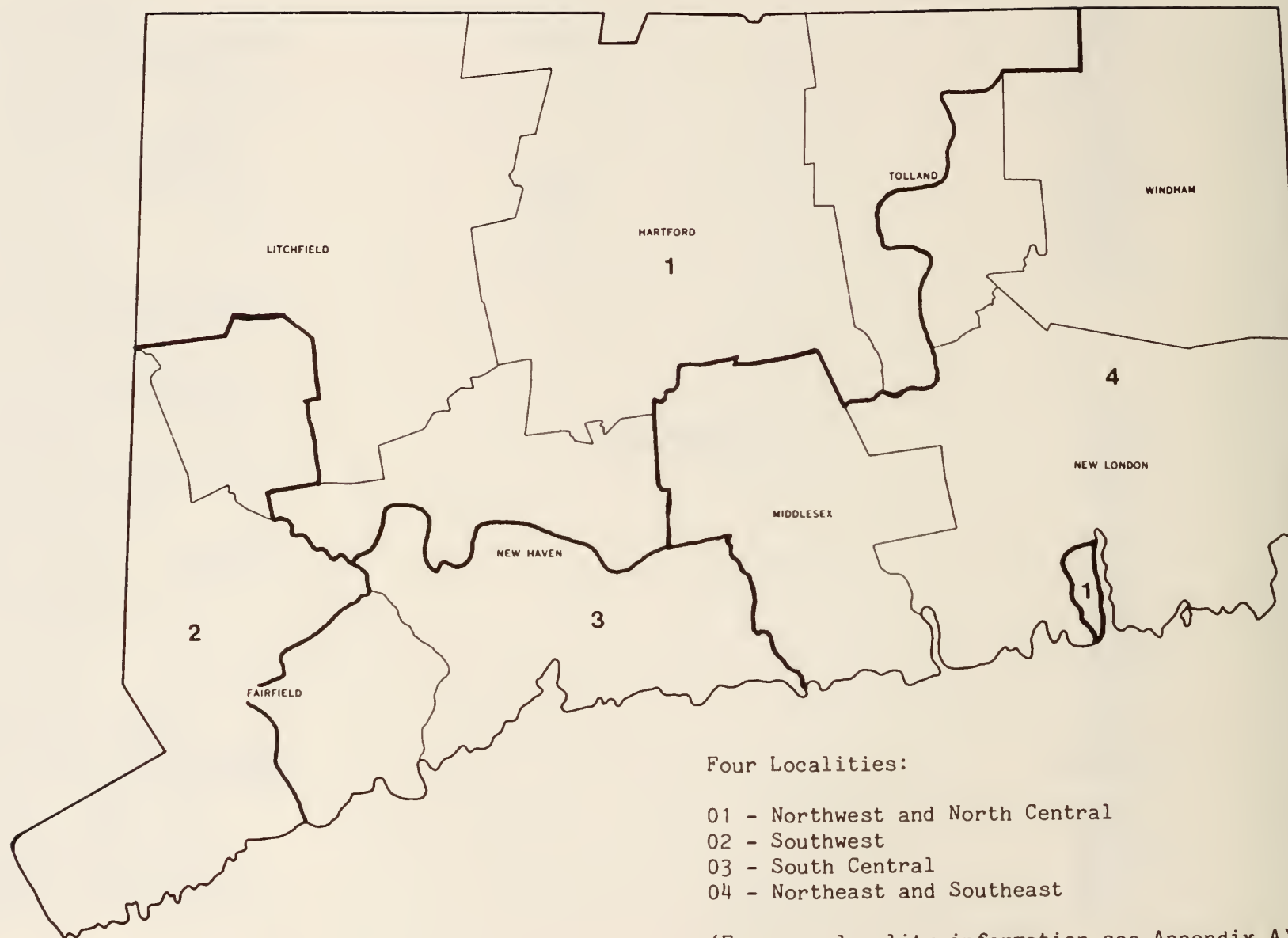
COLORADO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		396.10*	56
57 CHOLECYSTECTOMY		866.60*	57
58 REPAIR HERNIA		433.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	61.90*	74.30*	59
60 DILATION OF URETHRA		20.70*	60
61 PROSTATECTOMY - SUPRAPUBIC		928.40*	61
62 ELECTROSECTION-PROSTATE (TUR)			62
63 HYSTERECTOMY		1052.40*	63
64 INITIAL COMPLETE EYE EXAM		28.00	64
65 COMPREHENSIVE EYE EXAM		38.40	65
66 EYE EXAM WITH TONOMETRY		18.20*	66
67 EXTRACTION OF LENS		961.75*	67
68 CHEST X-RAY - SINGLE VIEW	25.90*	20.70*	68
69 CHEST X-RAY - TWO VIEWS	31.00*	31.00*	69
70 X-RAY SPINE		41.20*	70
71 X-RAY HIP		41.20*	71
72 X-RAY UPPER GI TRACT	20.70*	20.70*	72
73 X-RAY COLON		61.90*	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD		340.00	77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS			79
80 NINETEEN CHEMISTRY TESTS			80
81 CULTURE - OTHER THAN BLOOD		17.00	81
82 HEMOGLOBIN		3.00L	82
83 AUTOMATED BLOOD COUNT		12.00	83
84 WHITE CELL COUNT		4.00L	84
85 COMPLETE BLOOD COUNT (CBC)		9.00L	85
86 CHOLESTEROL TEST		8.40L	86
87 FLOCCULATION TEST		10.00	87
88 HEMATOCRIT		4.00L	88
89 PLATELET COUNT (REES-ECKER)		12.00	89
90 POTASSIUM TEST - BLOOD		11.50	90
91 PROTHROMBIN TIME TEST		6.50L	91
92 SEDIMENTATION RATE		6.00L	92
93 BLOOD SUGAR		8.50L	93
94 BUN-UREA - NITROGEN		10.00L	94
95 URIC ACID		9.00L	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		7.50L	97
98 ROUTINE URINALYSIS		5.00L	98
99 CHEMICAL URINALYSIS			99
100 PATHOLOGY - THREE SPECIMENS		28.25	100
101 ELEC MONITORING-PACEMAKER		32.20*	101
102 DONOR NEPHRECTOMY-UNILATERAL		1238.00*	102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL		45.00L	104
105 WALKER - RENTAL		19.00	105
106 WHEELCHAIR - RENTAL		27.50L	106
107 LIQUID OXYGEN - RENTAL		98.00	107
108 HOSPITAL BED - PURCHASE		669.60	108
109 WALKER - PURCHASE		61.20	109
110 WHEELCHAIR - PURCHASE		255.00L	110

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CONNECTICUT

CONNECTICUT



Four Localities:

- 01 - Northwest and North Central
- 02 - Southwest
- 03 - South Central
- 04 - Northeast and Southeast

(For more locality information see Appendix A)

1984 PREVAILING CHARGE SUMMARY DATA CONNECTICUT GENERAL LIFE INS.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CONNECTICUT
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	I	II	III	IV	I	II	III	IV	
1 INITIAL BRIEF OFFICE VISIT					30.80*	41.20*	30.80*	30.00	1
2 INITIAL LIMITED OFFICE VISIT	51.50*	60.00	41.20*	41.20*	61.90*	61.90*	61.90*	51.50*	2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT	35.00	35.00	35.00	35.00	65.00	65.00	75.00	65.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	10.00	12.50*	10.30*	8.20*	10.30*	10.30*	10.30*	10.30*	5
6 BRIEF FOLLOWUP OFFICE VISIT	18.50*	20.70*	20.70*	16.40*	20.70*	24.80*	20.70*	20.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT	24.00	24.00	23.00	15.00	30.80*	30.80*	30.80*	25.00	7
8 INTERMEDIATE F/U OFFICE VISIT	25.00	22.00*	25.00	18.70*	30.00	48.60*	30.00	20.00	8
9 EXTENDED F/U OFFICE VISIT	25.00	25.00	25.00	25.00	40.00	40.00	50.00	27.00	9
10 COMP FOLLOWUP OFFICE VISIT	40.00	40.00	40.00	40.00	50.00	76.00	60.00	65.00	10
11 BRIEF FOLLOWUP HOME VISIT	24.80*	30.80*	24.80*	24.80*	30.80*	41.20*	30.80*	24.80*	11
12 LIMITED FOLLOWUP HOME VISIT					40.00	35.00	40.00	35.00	12
13 INTERMDIATE F/U HOME VISIT									13
14 EXTENDED CARE FACILITY VISIT									14
15 BRIEF F/U NURSING HOME VISIT	20.70*	24.80*	20.70*	20.00	24.80*	30.80*	30.00	20.70*	15
16 INITIAL BRIEF HOSPITAL VISIT	40.00	40.00	40.00	40.00	51.50*	75.00	60.00	51.60*	16
17 INIT INTERMED HOSPITAL VISIT					61.90*	72.20*	72.20*	51.50*	17
18 INITIAL COMP HOSPITAL VISIT	60.00	70.00	53.60*	70.00	75.00	103.20*	75.00	85.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.70*	20.70*	20.70*	20.70*	20.70*	30.80*	20.70*	20.70*	19
20 LIMITED F/U HOSPITAL VISIT	21.00	30.80*	25.00	24.80*	25.00	34.30*	30.00	30.00	20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT					51.80*	32.50*	40.00	27.40*	22
23 BRIEF EMERGENCY ROOM VISIT									23
24 LIMITED EMERGENCY ROOM VISIT					39.10*	46.50*	39.70*	32.00	24
25 INTERMED EMERGENCY ROOM VISIT									25
26 LIMITED CONSULTATION	50.00	40.00	51.50*	45.00	72.20*	85.00	72.20*	72.20*	26
27 EXTENSIVE CONSULTATION					75.00	116.60*	77.30*	90.00	27
28 COMPREHENSIVE CONSULTATION					90.00	135.00	95.00	85.00	28
29 PSYCHOTHERAPY-ONE HOUR					58.80*	65.00	72.20*	58.70*	29
30 PSYCHOTHERAPY-HALF HOUR					29.80*	40.60*	29.50*	30.40*	30
31 CHIROPRACTIC OFFICE VISIT	16.60*	20.10*	19.00*	16.90*					31
32 INITIAL PHYSIOTHERAPY					19.60*	26.90*	20.70*	14.70*	32
33 F/U PODIATRIC OFFICE VISIT									33
34 ELECTROCARDIOGRAM (EKG)	30.00	30.80*	30.00	27.00	29.80*	37.20*	35.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	12.00	14.00	25.00	10.00	15.00	20.70*	7.00	20.70*	35
36 SPIROMETRY					29.80*	16.10*	22.00*	22.80*	36
37 ELECTROENCEPHALOGRAM (EEG)					100.00	92.70*	74.30*	73.20*	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					29.20*	30.00	30.00	15.00	40
41 SKIN BIOPSY					50.00	55.00	40.00	42.20*	41
42 CHEMOCAUTERY					40.00	30.80*	35.00	31.00*	42
43 RADICAL MASTECTOMY					1034.10*	1261.40*	1001.70*	927.40*	43
44 OPEN REDUCTION OF FRACTURE					990.10*	1031.30*	1237.60*	990.10*	44
45 ARTHROCENTESIS-MAJOR JOINT									45
46 CORONARY ARTERY BYPASS					4750.00	4750.00	4646.50*	4750.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					1186.10*	1419.10*	1540.00	1155.20*	47
48 NEEDLE PUNCTURE OF BURSA					25.00	30.00	30.00	27.00	48
49 BRONCHOSCOPY					257.80*	309.50*	309.50*	278.40*	49
50 THORACENTESIS					61.90*	85.00	51.50*	41.20*	50
51 CATHETERIZATION OF HEART					722.00*	711.60*	721.90*	632.30*	51
52 INSERTION OF PACEMAKER					1237.60*	1434.00*	1526.30*	1700.00	52
53 PARTIAL COLECTOMY					1200.00	1501.60*	1266.80*	1083.90*	53
54 APPENDECTOMY					600.00	700.00	700.00	515.70*	54
55 SIGMOIDOSCOPY					41.20*	51.50*	40.00	40.00	55

1984 PREVAILING CHARGE SUMMARY DATA CONNECTICUT GENERAL LIFE INS.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CONNECTICUT
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	I	II	III	IV	I	II	III	IV	
56 HEMORRHOIODECTOMY					406.00		474.40*		56
57 CHOLECYSTECTOMY					825.10*	1031.30*	928.30*	825.10*	57
58 REPAIR HERNIA					550.00	650.70*	560.10*	481.70*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					103.20*	100.00	95.00	82.40*	59
60 DILATION OF URETHRA					30.00	25.00	30.80*	25.00	60
61 PROSTATECTOMY - SUPRAPUBIC					990.10*	1340.80*	1237.60*	928.30*	61
62 ELECTROSECTION-PROSTATE (TUR)					990.10*	1340.80*	1031.30*	1031.30*	62
63 HYSTERECTOMY					1010.70*	1100.00	1031.30*	928.30*	63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM					38.00	41.20*	40.00	32.00	65
66 EYE EXAM WITH TONOMETRY					28.00	30.00	29.30*	27.80*	66
67 EXTRACTION OF LENS					1031.30*	1443.90*	1031.30*	1031.30*	67
68 CHEST X-RAY - SINGLE VIEW	25.00	30.80*	25.00	20.70*	25.00	32.50*	20.70*	20.70*	68
69 CHEST X-RAY - TWO VIEWS	36.00	41.20*	32.00	30.80*	42.00	48.00	39.50	36.00	69
70 X-RAY SPINE					72.20*	85.70*	72.20*	60.00	70
71 X-RAY HIP					48.00	54.00	58.00	40.00	71
72 X-RAY UPPER GI TRACT	90.30*	106.00*	110.00	110.00	92.70*	109.30*	92.70*	85.00	72
73 X-RAY COLON					98.00	135.00	110.00	83.00	73
74 RADIATION THERAPY-LOW VOLT					24.80*	30.80*	30.80*	41.20*	74
75 RADIATION THERAPY-SUPER VOLT					24.80*	20.70*	25.00	28.75	75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD									77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS					19.00	19.00*	19.00	19.00	79
80 NINETEEN CHEMISTRY TESTS					23.00	23.00	23.00	23.00*	80
81 CULTURE - OTHER THAN BLOOD					19.00	18.40*	16.00	21.25	81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT					10.00L	12.00L	10.00L	10.50L	83
84 WHITE CELL COUNT					6.00L	9.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)									85
86 CHOLESTEROL TEST					7.00L	7.00L	8.00L	7.00L	86
87 FLOCCULATION TEST					9.00	6.00	8.00	9.00	87
88 HEMATOCRIT									88
89 PLATELET COUNT (REES-ECKER)					9.50	12.00	8.00	9.00	89
90 POTASSIUM TEST - BLOOD					9.00	8.00	8.00	10.00	90
91 PROTHROMBIN TIME TEST					8.00L	8.00L	7.00L	8.00L	91
92 SEDIMENTATION RATE					5.15L	6.00L	5.50L	6.00L	92
93 BLOOD SUGAR					7.00L	6.00L	7.00L	6.50L	93
94 BUN-UREA - NITROGEN					8.00L	7.00L	7.00L	10.00L	94
95 URIC ACID					7.00L	7.00L	8.00L	9.00L	95
96 FECES-OCCULT BLOOD-SCREENING					5.00	6.00	4.00	4.00	96
97 PAP TEST					9.00L	7.30L	9.00L	5.00L	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS					5.00	6.00	4.00	7.00	99
100 PATHOLOGY - THREE SPECIMENS					30.00	28.00	30.00	32.50	100
101 ELEC MONITORING-PACEMAKER					30.00	28.00	35.00	28.00	101
102 DONOR NEPHRECTOMY-UNILATERAL					1113.90*	1237.60*	1155.20*	1155.20*	102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					95.00L	120.00L	86.00L	118.25L	104
105 WALKER - RENTAL					25.80*	18.00	20.00	25.80	105
106 WHEELCHAIR - RENTAL					25.00L	35.00L	25.00L	35.00L	106
107 LIQUID OXYGEN - RENTAL									107
108 HOSPITAL BED - PURCHASE					590.00*	875.10	875.10	875.10	108
109 WALKER - PURCHASE					48.00L	61.00L	49.80L	61.20L	109
110 WHEELCHAIR - PURCHASE					305.95L	237.00L	285.00L	347.00L	110

DELAWARE

DELAWARE



One Locality- Statewide

1984 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

DELAWARE
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		21.00	1
2 INITIAL LIMITED OFFICE VISIT	19.00	22.00	2
3 INITIAL INTERMED OFFICE VISIT		22.00	3
4 INITIAL COMP OFFICE VISIT	30.00	72.10*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00	8.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	18.00	21.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	19.00	22.00	7
8 INTERMEDIATE F/U OFFICE VISIT	19.00	22.00	8
9 EXTENDED F/U OFFICE VISIT	18.00	20.00	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	72.10*	10
11 BRIEF FOLLOWUP HOME VISIT	20.70*	30.00	11
12 LIMITED FOLLOWUP HOME VISIT		35.00	12
13 INTERMDIATE F/U HOME VISIT	24.70*	35.00	13
14 EXTENDED CARE FACILITY VISIT		15.00	14
15 BRIEF F/U NURSING HOME VISIT	14.40*	20.70*	15
16 INITIAL BRIEF HOSPITAL VISIT	41.30*	51.60*	16
17 INIT INTERMED HOSPITAL VISIT		24.70*	17
18 INITIAL COMP HOSPITAL VISIT	61.80*	90.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.40*	20.70*	19
20 LIMITED F/U HOSPITAL VISIT	20.70*	24.70*	20
21 INTERMED F/U HOSPITAL VISIT	20.70*	24.70*	21
22 EXTENDED F/U HOSPITAL VISIT		45.00	22
23 BRIEF EMERGENCY ROOM VISIT		21.00	23
24 LIMITED EMERGENCY ROOM VISIT		22.00	24
25 INTERMED EMERGENCY ROOM VISIT		22.00	25
26 LIMITED CONSULTATION	40.00	51.60*	26
27 EXTENSIVE CONSULTATION		51.60*	27
28 COMPREHENSIVE CONSULTATION		102.00	28
29 PSYCHOTHERAPY-ONE HOUR		53.60*	29
30 PSYCHOTHERAPY-HALF HOUR		38.30*	30
31 CHIROPRACTIC OFFICE VISIT		18.70*	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT		20.70*	33
34 ELECTROCARDIOGRAM (EKG)	31.00*	31.00*	34
35 EKG-INTERPRET AND REPORT ONLY	13.40*	13.40*	35
36 SPIROMETRY		35.00	36
37 ELECTROENCEPHALOGRAM (EEG)		114.10*	37
38 CHEMOTHERAPY		70.00	38
39 COLLECTION OF SPECIMENS		3.00	39
40 DEBRIDEMENT OF NAILS		29.00	40
41 SKIN BIOPSY		100.00	41
42 CHEMOCAUTERY		45.00	42
43 RADICAL MASTECTOMY		1237.70*	43
44 OPEN REDUCTION OF FRACTURE		1361.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	35.00	56.60*	45
46 CORONARY ARTERY BYPASS			46
47 TOTAL ARTIFICIAL HIP REPLACE			47
48 NEEDLE PUNCTURE OF BURSA		55.00	48
49 BRONCHOSCOPY		413.20*	49
50 THORACENTESIS		82.50*	50
51 CATHETERIZATION OF HEART		619.70*	51
52 INSERTION OF PACEMAKER		1432.70*	52
53 PARTIAL COLECTOMY		1547.20*	53
54 APPENDECTOMY	464.20*	492.70*	54
55 SIGMOIDOSCOPY		51.60*	55

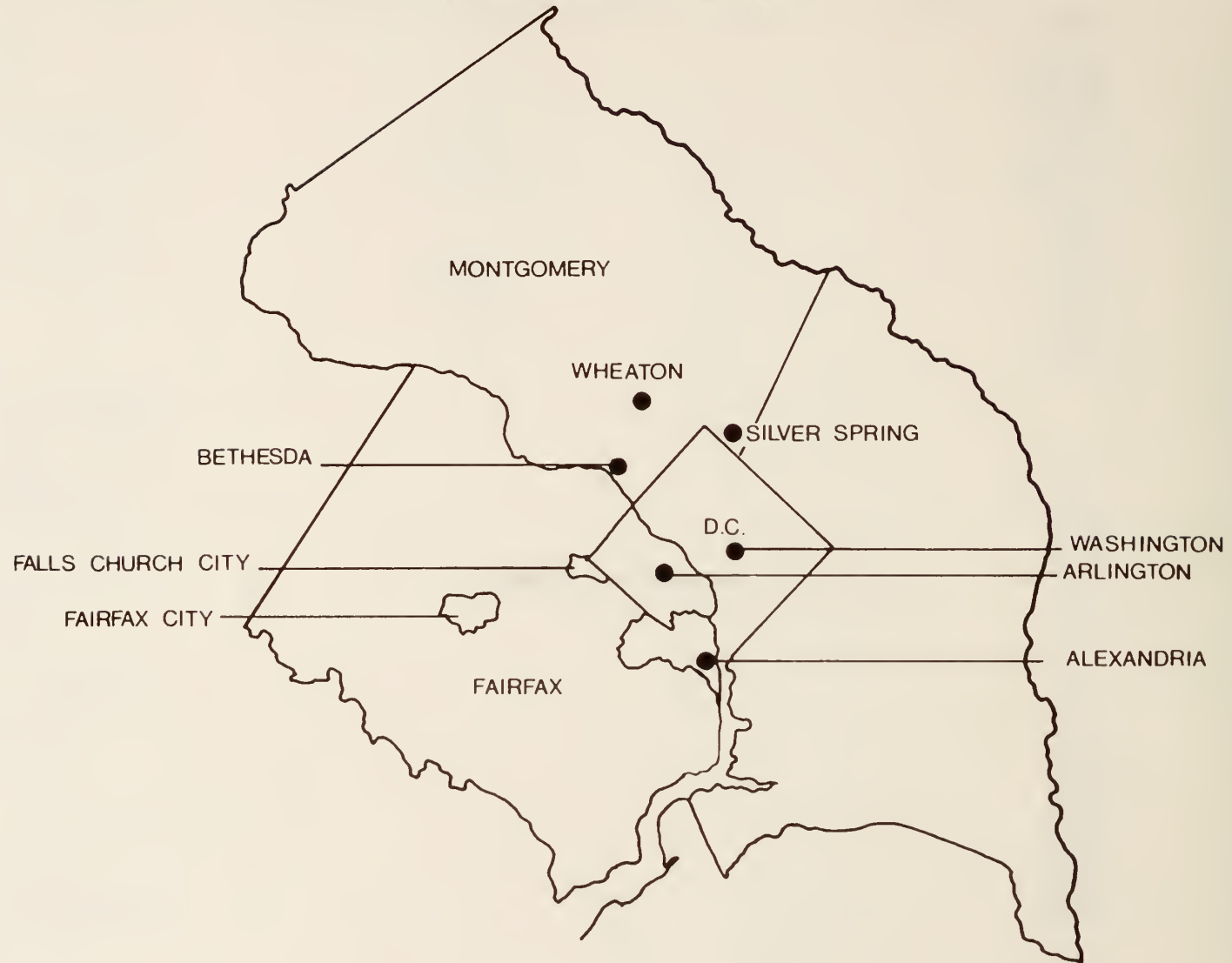
1984 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

DELAWARE
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		482.90*	56
57 CHOLECYSTECTOMY		722.00*	57
58 REPAIR HERNIA		464.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	108.50*	103.10*	59
60 DILATION OF URETHRA		31.00*	60
61 PROSTATECTOMY - SUPRAPUBIC		1031.50*	61
62 ELECTROSECTION-PROSTATE (TUR)	953.70*	1031.50*	62
63 HYSTERECTOMY		899.10*	63
64 INITIAL COMPLETE EYE EXAM		32.00	64
65 COMPREHENSIVE EYE EXAM		32.00	65
66 EYE EXAM WITH TONOMETRY		24.90*	66
67 EXTRACTION OF LENS	825.20*	928.30*	67
68 CHEST X-RAY - SINGLE VIEW	22.60*	31.00	68
69 CHEST X-RAY - TWO VIEWS	33.00*	39.20*	69
70 X-RAY SPINE		57.20*	70
71 X-RAY HIP		39.20*	71
72 X-RAY UPPER GI TRACT	72.10*	105.70*	72
73 X-RAY COLON		77.10*	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD		350.00	77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS		14.50	79
80 NINETEEN CHEMISTRY TESTS		26.50	80
81 CULTURE - OTHER THAN BLOOD		22.00	81
82 HEMOGLOBIN		4.00L	82
83 AUTOMATED BLOOD COUNT		10.00	83
84 WHITE CELL COUNT		4.00L	84
85 COMPLETE BLOOD COUNT (CBC)		12.50	85
86 CHOLESTEROL TEST		7.50L	86
87 FLOCCULATION TEST		6.50	87
88 HEMATOCRIT		4.00	88
89 PLATELET COUNT (REES-ECKER)		8.00	89
90 POTASSIUM TEST - BLOOD		7.75	90
91 PROTHROMBIN TIME TEST		8.50	91
92 SEDIMENTATION RATE		5.75L	92
93 BLOOD SUGAR		6.50L	93
94 BUN-UREA - NITROGEN		7.00	94
95 URIC ACID		8.00L	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		8.00	97
98 ROUTINE URINALYSIS		4.50L	98
99 CHEMICAL URINALYSIS		4.00	99
100 PATHOLOGY - THREE SPECIMENS		19.00	100
101 ELEC MONITORING-PACEMAKER		36.00	101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL		60.00	104
105 WALKER - RENTAL		25.00	105
106 WHEELCHAIR - RENTAL		35.00	106
107 LIQUID OXYGEN - RENTAL		110.00	107
108 HOSPITAL BED - PURCHASE			108
109 WALKER - PURCHASE		45.30	109
110 WHEELCHAIR - PURCHASE		311.00L	110

DISTRICT OF COLUMBIA

DISTRICT OF COLUMBIA



One Locality:

Washington Metropolitan Area, includes Washington, D.C.:
Prince Georges and Montgomery Counties in Maryland;
Fairfax and Arlington Counties in Virginia and the city
of Alexandria Virginia

1984 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/C
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WASHINGTON D.C.
LOCALITY DESIGNATION FOR SPECIALIST

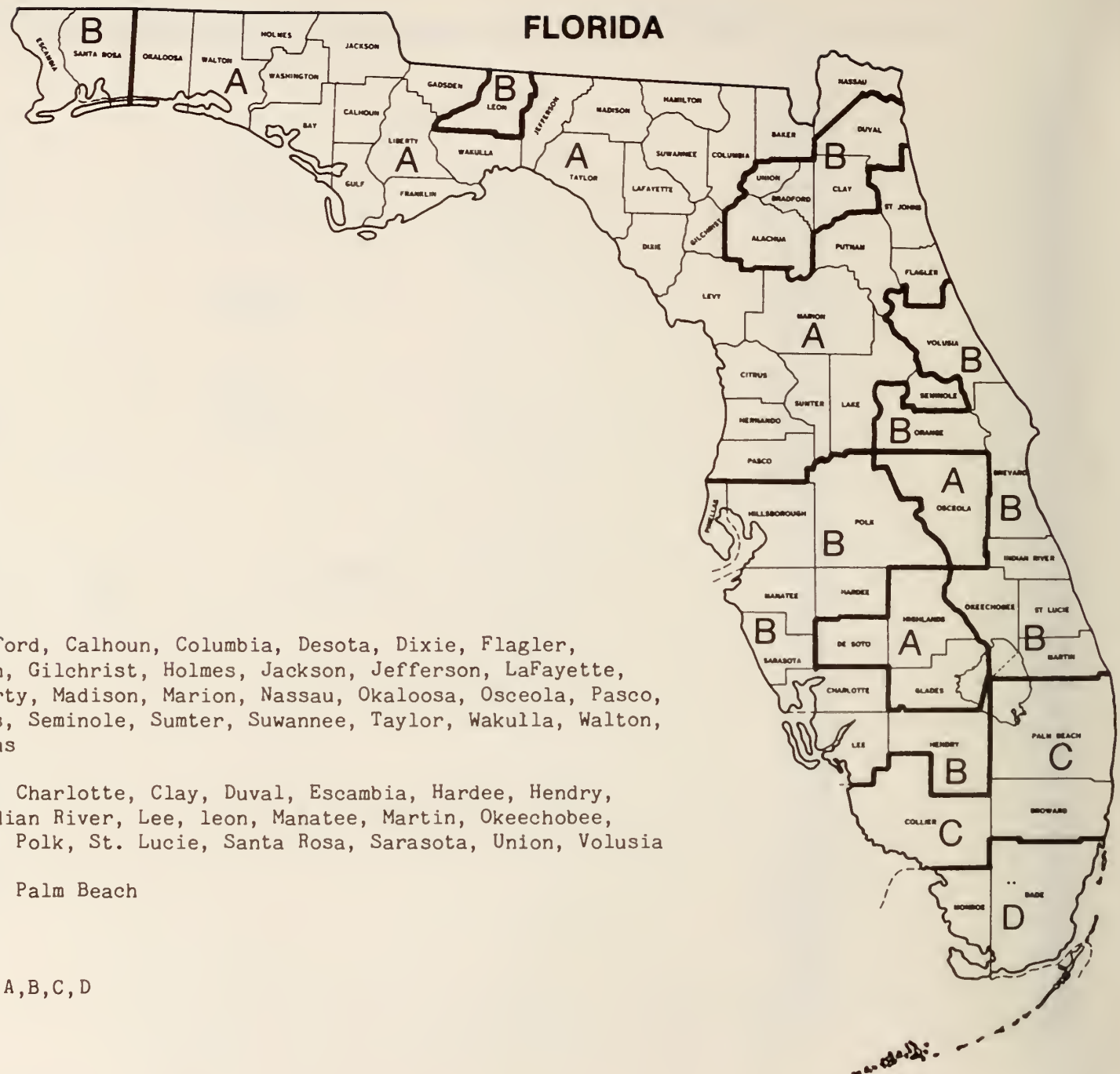
PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		25.00	1
2 INITIAL LIMITED OFFICE VISIT	25.00	30.00	2
3 INITIAL INTERMED OFFICE VISIT		30.00	3
4 INITIAL COMP OFFICE VISIT	75.00	82.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	10.00	10.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	22.00	25.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	25.00	30.00	7
8 INTERMEDIATE F/U OFFICE VISIT	25.00	30.00	8
9 EXTENDED F/U OFFICE VISIT	25.00	50.00	9
10 COMP FOLLOWUP OFFICE VISIT	75.00	82.50*	10
11 BRIEF FOLLOWUP HOME VISIT	25.00	30.00	11
12 LIMITED FOLLOWUP HOME VISIT		40.00	12
13 INTERMDIATE F/U HOME VISIT	33.00*	40.00	13
14 EXTENDED CARE FACILITY VISIT		30.80*	14
15 BRIEF F/U NURSING HOME VISIT	20.80*	20.80*	15
16 INITIAL BRIEF HOSPITAL VISIT	61.80*	72.10*	16
17 INIT INTERMED HOSPITAL VISIT		30.80*	17
18 INITIAL COMP HOSPITAL VISIT	103.00*	103.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.80*	24.70*	19
20 LIMITED F/U HOSPITAL VISIT	30.80*	30.80*	20
21 INTERMED F/U HOSPITAL VISIT	30.80*	30.80*	21
22 EXTENDED F/U HOSPITAL VISIT		61.80*	22
23 BRIEF EMERGENCY ROOM VISIT		25.00	23
24 LIMITED EMERGENCY ROOM VISIT		30.00	24
25 INTERMED EMERGENCY ROOM VISIT		30.00	25
26 LIMITED CONSULTATION	72.10*	103.00*	26
27 EXTENSIVE CONSULTATION		103.00*	27
28 COMPREHENSIVE CONSULTATION		103.00*	28
29 PSYCHOTHERAPY-ONE HOUR		72.10*	29
30 PSYCHOTHERAPY-HALF HOUR		40.00	30
31 CHIROPRACTIC OFFICE VISIT		15.90*	31
32 INITIAL PHYSIOTHERAPY		30.00	32
33 F/U PODIATRIC OFFICE VISIT		23.60*	33
34 ELECTROCARDIOGRAM (EKG)	35.00	36.00	34
35 EKG-INTERPRET AND REPORT ONLY	30.80*	20.00	35
36 SPIROMETRY		50.00	36
37 ELECTROENCEPHALOGRAM (EEG)		98.90*	37
38 CHEMOTHERAPY		17.00	38
39 COLLECTION OF SPECIMENS		3.00	39
40 DEBRIDEMENT OF NAILS		27.70*	40
41 SKIN BIOPSY		160.00	41
42 CHEMOCAUTERY		46.80*	42
43 RADICAL MASTECTOMY		1031.50*	43
44 OPEN REDUCTION OF FRACTURE		1340.80*	44
45 ARTHROCENTESIS-MAJOR JOINT	41.20*	41.20*	45
46 CORONARY ARTERY BYPASS		3922.90*	46
47 TOTAL ARTIFICIAL HIP REPLACE		1547.10*	47
48 NEEDLE PUNCTURE OF BURSA		35.00	48
49 BRONCHOSCOPY		257.80*	49
50 THORACENTESIS		72.10*	50
51 CATHERIZATION OF HEART		540.50*	51
52 INSERTION OF PACEMAKER		1428.40*	52
53 PARTIAL COLECTOMY		1547.10*	53
54 APPENDECTOMY	515.60*	515.60*	54
55 SIGMOIDOSCOPY		51.50*	55

1984 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/C
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WASHINGTON D.C.
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		516.50*	56
57 CHOLECYSTECTOMY		845.80*	57
58 REPAIR HERNIA		618.90*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	154.80*	154.80*	59
60 DILATION OF URETHRA		30.80*	60
61 PROSTATECTOMY - SUPRAPUBIC		1237.80*	61
62 ELECTROSECTION-PROSTATE (TUR)	1187.00*	1340.80*	62
63 HYSTERECTOMY		1031.50*	63
64 INITIAL COMPLETE EYE EXAM		40.00	64
65 COMPREHENSIVE EYE EXAM		47.00	65
66 EYE EXAM WITH TONOMETRY		25.00	66
67 EXTRACTION OF LENS	1082.80*	1237.80*	67
68 CHEST X-RAY - SINGLE VIEW	25.00	24.70*	68
69 CHEST X-RAY - TWO VIEWS	34.10*	34.10*	69
70 X-RAY SPINE		61.80*	70
71 X-RAY HIP		41.20*	71
72 X-RAY UPPER GI TRACT	60.00	92.70*	72
73 X-RAY COLON		103.00*	73
74 RADIATION THERAPY-LOW VOLT	57.70*	65.30*	74
75 RADIATION THERAPY-SUPER VOLT	81.40*	79.50*	75
76 RADIATION THERAPY-MEGAVOLT		75.75*	76
77 CAT SCAN - HEAD		440.00	77
78 CAT SCAN - ABDOMEN		541.70*	78
79 THREE CHEMISTRY TESTS		14.50	79
80 NINETEEN CHEMISTRY TESTS		26.50	80
81 CULTURE - OTHER THAN BLOOD		17.00	81
82 HEMOGLOBIN		5.00L	82
83 AUTOMATED BLOOD COUNT		11.00L	83
84 WHITE CELL COUNT		6.00L	84
85 COMPLETE BLOOD COUNT (CBC)		11.00L	85
86 CHOLESTEROL TEST		7.00L	86
87 FLOCCULATION TEST		12.00	87
88 HEMATOCRIT		4.50L	88
89 PLATELET COUNT (REES-ECKER)		10.00	89
90 POTASSIUM TEST - BLOOD		11.30	90
91 PROTHROMBIN TIME TEST		7.70L	91
92 SEDIMENTATION RATE		6.00L	92
93 BLOOD SUGAR		8.00L	93
94 BUN-UREA - NITROGEN		7.25L	94
95 URIC ACID		9.00L	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		14.00L	97
98 ROUTINE URINALYSIS		7.00L	98
99 CHEMICAL URINALYSIS		5.00	99
100 PATHOLOGY - THREE SPECIMENS		32.00	100
101 ELEC MONITORING-PACEMAKER		40.00	101
102 DONOR NEPHRECTOMY-UNILATERAL		1283.10*	102
103 KIDNEY TRANSPLANT		3051.80	103
104 HOSPITAL BED - RENTAL		65.00	104
105 WALKER - RENTAL		25.00	105
106 WHEELCHAIR - RENTAL		40.00	106
107 LIQUID OXYGEN - RENTAL		47.50	107
108 HOSPITAL BED - PURCHASE		550.00L	108
109 WALKER - PURCHASE		54.00	109
110 WHEELCHAIR - PURCHASE		327.60L	110

FLORIDA



Four Localities:

- A - Baker, Bay, Bradford, Calhoun, Columbia, Desota, Dixie, Flagler, Franklin, Gadsden, Gilchrist, Holmes, Jackson, Jefferson, LaFayette, Lake, Levy, Liberty, Madison, Marion, Nassau, Okaloosa, Osceola, Pasco, Putnam, St. Johns, Seminole, Sumter, Suwannee, Taylor, Wakulla, Walton, Washington, Citrus
- B - Alachua, Brevard, Charlotte, Clay, Duval, Escambia, Hardee, Hendry, Hillsborough, Indian River, Lee, Leon, Manatee, Martin, Okeechobee, Orange, Pinellas, Polk, St. Lucie, Santa Rosa, Sarasota, Union, Volusia
- C - Broward, Collier, Palm Beach
- D - Dade, Monroe

Florida Blue Shield - A,B,C,D

PROCEDURE DESCRIPTION	AREA A	AREA B	AREA C	AREA D	AREA A	AREA B	AREA C	AREA D	
1 INITIAL BRIEF OFFICE VISIT					25.00	30.00	30.00	45.00*	1
2 INITIAL LIMITED OFFICE VISIT					28.00	35.00	35.00	45.00*	2
3 INITIAL INTERMED OFFICE VISIT					30.00	35.00	45.00	53.70*	3
4 INITIAL COMP OFFICE VISIT					53.75	65.00	65.00	69.30*	4
5 MINIMAL FOLLOWUP OFFICE VISIT					9.60*	11.50*	13.50*	20.10*	5
6 BRIEF FOLLOWUP OFFICE VISIT					20.00	20.50*	20.50*	24.80*	6
7 LIMITED FOLLOWUP OFFICE VISIT					20.00	20.50*	20.50*	24.80*	7
8 INTERMEDIATE F/U OFFICE VISIT					22.00	25.00	30.00	36.90*	8
9 EXTENDED F/U OFFICE VISIT					22.00	30.00	35.00	36.90*	9
10 COMP FOLLOWUP OFFICE VISIT					50.00	50.00	65.00	60.00*	10
11 BRIEF FOLLOWUP HOME VISIT					25.00	30.00	40.00	46.25*	11
12 LIMITED FOLLOWUP HOME VISIT					24.80*	25.00	35.00	35.00*	12
13 INTERMDIATE F/U HOME VISIT					30.00	30.00	40.00	35.00*	13
14 EXTENDED CARE FACILITY VISIT					24.80*	25.00	34.50*	35.00*	14
15 BRIEF F/U NURSING HOME VISIT					17.90*	20.50*	20.50*	24.80*	15
16 INITIAL BRIEF HOSPITAL VISIT					60.00	65.00	80.00	85.00*	16
17 INIT INTERMED HOSPITAL VISIT					60.00	70.00	85.00	92.50*	17
18 INITIAL COMP HOSPITAL VISIT					75.00	85.00	100.00	115.60*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT					22.75*	24.80*	30.00	41.60*	19
20 LIMITED F/U HOSPITAL VISIT					22.75*	24.80*	35.00	41.60*	20
21 INTERMED F/U HOSPITAL VISIT					30.00	30.00	40.00	46.25*	21
22 EXTENDED F/U HOSPITAL VISIT					35.00	35.00	40.00	55.50*	22
23 BRIEF EMERGENCY ROOM VISIT					25.00	25.00	29.00	35.00*	23
24 LIMITED EMERGENCY ROOM VISIT					30.00	32.00	33.70*	41.60*	24
25 INTERMED EMERGENCY ROOM VISIT					35.00	38.00	42.00	55.50*	25
26 LIMITED CONSULTATION					40.20*	47.30*	55.80*	55.80*	26
27 EXTENSIVE CONSULTATION					62.90*	74.30*	84.00	90.60*	27
28 COMPREHENSIVE CONSULTATION					85.00	90.00	110.00	135.80*	28
29 PSYCHOTHERAPY-ONE HOUR					72.30*	72.30*	82.60*	92.50*	29
30 PSYCHOTHERAPY-HALF HOUR					35.00	48.00*	56.30*	60.00*	30
31 CHIROPRACTIC OFFICE VISIT					17.00	17.90	19.20	24.40	31
32 INITIAL PHYSIOTHERAPY									32
33 F/U PODIATRIC OFFICE VISIT					20.00	20.50*	20.50*	24.80*	33
34 ELECTROCARDIOGRAM (EKG)					31.00*	30.00	38.00	39.90*	34
35 EKG-INTERPRET AND REPORT ONLY					16.00	15.00	17.00	18.00	35
36 SPIROMETRY					50.00	50.00	50.00	59.90*	36
37 ELECTROENCEPHALOGRAM (EEG)					103.30*	100.00	103.30*	103.30*	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00*	39
40 DEBRIDEMENT OF NAILS					20.20*	22.00	25.00	22.00*	40
41 SKIN BIOPSY					35.00	40.00	45.00*	45.00*	41
42 CHEMOCAUTERY					5.10*	5.30*	5.90*	5.90*	42
43 RADICAL MASTECTOMY					1066.50*	1103.40*	1182.20*	1221.50*	43
44 OPEN REDUCTION OF FRACTURE					1422.20*	1471.20*	1576.30*	1628.30*	44
45 ARTHROCENTESIS-MAJOR JOINT					28.90*	30.00	30.00	31.40*	45
46 CORONARY ARTERY BYPASS					2910.90*	2910.90*	2910.90*	2910.90*	46
47 TOTAL ARTIFICIAL HIP REPLACE					2497.00	2732.10*	2927.50*	3139.10*	47
48 NEEDLE PUNCTURE OF BURSA					25.40*	25.00	25.00	26.90*	48
49 BRONCHOSCOPY					244.10*	309.40*	270.40*	358.70*	49
50 THORACENTESIS					71.00*	73.60*	78.90*	100.00*	50
51 CATHETERIZATION OF HEART					701.40*	693.60	700.30*	794.10*	51
52 INSERTION OF PACEMAKER					1547.20*	1547.20*	1700.00	1700.00*	52
53 PARTIAL COLECTOMY					1031.50*	1134.60*	1351.10*	1395.90*	53
54 APPENDECTOMY					589.60*	605.00	653.70*	674.60*	54
55 SIGMOIDOSCOPY					110.40*	117.10*	125.00	125.00*	55

PROCEDURE DESCRIPTION	AREA A	AREA B	AREA C	AREA D	AREA A	AREA B	AREA C	AREA D	
56 HEMORRHOIDECTOMY					515.70*	600.00	618.90*	717.60*	56
57 CHOLECYSTECTOMY					825.20*	886.90*	1031.50*	1239.00*	57
58 REPAIR HERNIA					464.20*	515.70*	618.90*	618.90*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					66.10*	72.30*	73.10*	112.10*	59
60 DILATION OF URETHRA					20.50*	25.00	30.00	31.40*	60
61 PROSTATECTOMY - SUPRAPUBIC					1031.50*	1134.60*	1294.90*	1337.70*	61
62 ELECTROSECTION-PROSTATE (TUR)					1031.50*	1031.50*	1392.50*	1393.90*	62
63 HYSTERECTOMY					1066.50*	1103.40*	1270.20*	1270.20*	63
64 INITIAL COMPLETE EYE EXAM					40.00	40.00	45.00	55.50*	64
65 COMPREHENSIVE EYE EXAM					40.00	45.00	50.00	60.00*	65
66 EYE EXAM WITH TONOMETRY					17.00*	20.00	23.60*	27.70*	66
67 EXTRACTION OF LENS					929.20*	1032.40*	1135.60*	1255.60*	67
68 CHEST X-RAY - SINGLE VIEW					30.00	28.00	34.00	33.00*	68
69 CHEST X-RAY - TWD VIEWS					37.20*	37.20*	41.30*	40.00*	69
70 X-RAY SPINE					55.00	48.00	60.00	56.60*	70
71 X-RAY HIP					43.00	45.00	52.00	49.00*	71
72 X-RAY UPPER GI TRACT					82.60*	90.00	101.80*	94.30*	72
73 X-RAY COLON					83.50*	86.60*	91.20*	94.30*	73
74 RADIATION THERAPY-LOW VOLT									74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					370.50	370.50	360.00	370.50*	77
78 CAT SCAN - ABDOMEN					423.40*	423.40	423.40	423.40*	78
79 THREE CHEMISTRY TESTS									79
80 NINETEEN CHEMISTRY TESTS					21.00	21.00	21.00	21.00	80
81 CULTURE - OTHER THAN BLOOD					20.00	20.00	20.00	20.00	81
82 HEMOGLOBIN					4.00	4.00	4.00	4.00	82
83 AUTOMATED BLOOD COUNT									83
84 WHITE CELL COUNT					4.00	4.00	4.00	4.00	84
85 COMPLETE BLOOD COUNT (CBC)					15.00	8.40	15.00	8.40	85
86 CHOLESTEROL TEST					6.30	6.30	6.30	6.30	86
87 FLOCCULATION TEST									87
88 HEMATOCRIT					4.00	4.00	4.00	4.00	88
89 PLATELET COUNT (REES-ECKER)					10.00	10.00	10.00	10.00	89
90 POTASSIUM TEST - BLOOD					6.30	6.30	6.30	6.30	90
91 PROTHROMBIN TIME TEST					7.00	7.00	7.00	7.00	91
92 SEDIMENTATION RATE					5.30	5.30	5.30	5.30	92
93 BLOOD SUGAR					5.30	5.30	5.30	5.30	93
94 BUN-UREA - NITROGEN					6.30	6.30	6.30	6.30	94
95 URIC ACID					6.30	6.30	6.30	6.30	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	6.00	6.00	6.00	96
97 PAP TEST					10.00	10.00	10.00	10.00	97
98 ROUTINE URINALYSIS					5.00	5.00	5.00	5.00	98
99 CHEMICAL URINALYSIS					5.00	5.00	5.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS									100
101 ELEC MONITORING-PACEMAKER					56.80	67.10	70.00	70.00*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1051.70*	1104.30*	1197.50	1406.70*	102
103 KIDNEY TRANSPLANT					2276.50*	2276.50*	2276.50*	2276.50*	103
104 HOSPITAL BED - RENTAL					60.00L	60.00L	60.00L	60.00L	104
105 WALKER - RENTAL					15.00	15.00	15.00	15.00	105
106 WHEELCHAIR - RENTAL					27.00L	27.00L	27.00L	27.00L	106
107 LIQUID OXYGEN - RENTAL					85.00	85.00	85.00	85.00	107
108 HOSPITAL BED - PURCHASE					600.00L	600.00L	600.00L	600.00L	108
109 WALKER - PURCHASE					55.00	55.00	55.00	55.00	109
110 WHEELCHAIR - PURCHASE					250.00L	250.00L	250.00L	250.00L	110

GEORGIA

GEORGIA



Four Localities (by counties)

(For more locality information see Appendix A)

1984 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

GEORGIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT					45.00	38.50*	33.00*	25.00	1
2 INITIAL LIMITED OFFICE VISIT	30.00	30.00	25.00	25.00	45.00	38.50*	33.00*	25.00	2
3 INITIAL INTERMED OFFICE VISIT					45.00	38.50*	33.00*	25.00	3
4 INITIAL COMP OFFICE VISIT	50.00	74.60	38.00	35.00	100.00	72.20*	81.00	90.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.80*	8.80*	8.80*	9.00*	12.50*	12.50*	15.00*	8.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	8.80*	8.80*	8.80*	9.00*	12.50*	12.50*	15.00*	8.80*	6
7 LIMITED FOLLOWUP OFFICE VISIT	14.40*	14.40*	14.40*	15.00*	20.60*	20.60*	17.20*	14.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	14.40*	14.40*	14.40*	15.00*	20.60*	20.60*		14.40*	8
9 EXTENDED F/U OFFICE VISIT	21.70*	25.00	21.20*	20.00	28.10*	28.10*		25.00	9
10 COMP FOLLOWUP OFFICE VISIT	60.00	50.00	51.00	35.00	83.40*	60.70*		35.00	10
11 BRIEF FOLLOWUP HOME VISIT	22.30*	20.60*	24.80*	20.60*	22.30*	20.60*	24.80*	20.60*	11
12 LIMITED FOLLOWUP HOME VISIT					22.30*	20.60*	24.80*	20.60*	12
13 INTERMEDIATE F/U HOME VISIT	22.30*	20.60*	24.80*	20.60*	22.30*	20.60*	24.80*	20.60*	13
14 EXTENDED CARE FACILITY VISIT					20.60*	20.60*		14.40*	14
15 BRIEF F/U NURSING HOME VISIT	14.40*	14.40*	14.40*	15.00*	20.60*	20.60*		14.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	75.00	51.60*	51.60*	41.30*	86.90*	72.20*		51.60*	16
17 INIT INTERMED HOSPITAL VISIT					86.90*	72.20*		51.60*	17
18 INITIAL COMP HOSPITAL VISIT	82.50*	82.50*	65.00	55.00	103.20*	92.80*	82.50*	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.60*	20.60*	16.50*	16.50*	20.60*	20.60*	20.60*	19.80*	19
20 LIMITED F/U HOSPITAL VISIT	20.60*	20.60*	16.50*	16.50*	20.60*	20.60*	20.60*	19.80*	20
21 INTERMED F/U HOSPITAL VISIT	20.60*	20.60*	16.50*	16.50*	20.60*	20.60*	20.60*	19.80*	21
22 EXTENDED F/U HOSPITAL VISIT					46.90	40.00	31.00*	40.00	22
23 BRIEF EMERGENCY ROOM VISIT					31.00*	31.00*	20.60*	24.80*	23
24 LIMITED EMERGENCY ROOM VISIT					31.00*	31.00*	20.60*	24.80*	24
25 INTERMED EMERGENCY ROOM VISIT					31.00*	31.00*	20.60*	24.80*	25
26 LIMITED CONSULTATION	25.00*	35.00	30.00	25.00	48.20*	48.20*	48.20*	35.00	26
27 EXTENSIVE CONSULTATION					82.50*	72.20*	61.90*	60.00	27
28 COMPREHENSIVE CONSULTATION					104.00	81.10*	73.50*	70.90*	28
29 PSYCHOTHERAPY-ONE HOUR					75.00	75.00	70.00	60.00	29
30 PSYCHOTHERAPY-HALF HOUR					49.00*	45.00	44.00	35.00	30
31 CHIROPRACTIC OFFICE VISIT					15.40*	14.90*	16.00	15.00	31
32 INITIAL PHYSIOTHERAPY					18.60*	18.60*	18.60*	18.60*	32
33 F/U PODIATRIC OFFICE VISIT					20.00	22.00	16.50*	18.60*	33
34 ELECTROCARDIOGRAM (EKG)	30.00	29.00	30.00	30.00	30.00	30.00	30.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	8.00 P	10.00 P	12.40*P	10.00 P	6.50 P	10.00 P	8.50 P	10.00 P	35
36 SPIROMETRY					31.00*	30.00	30.00	31.00*	36
37 ELECTROENCEPHALOGRAM (EEG)					82.50*	82.50*	70.00	82.50*	37
38 CHEMOTHERAPY					23.40*	20.00	30.00	28.40	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					25.00	25.00	20.60	14.00	40
41 SKIN BIOPSY					31.00*	31.00*	31.00*	30.00	41
42 CHEMOCAUTERY					20.60*	20.60*	20.60*	20.60*	42
43 RADICAL MASTECTOMY					1050.00	968.50*	950.40*	970.80*	43
44 OPEN REDUCTION OF FRACTURE					1256.40*	1207.90*	1086.25*	1200.00	44
45 ARTHROCENTESIS-MAJOR JOINT	31.00*	31.00*	20.00	26.90	27.00	31.00*	26.90	30.00	45
46 CORONARY ARTERY BYPASS					3130.00	3500.00	3500.00	3500.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					2333.20*	2475.60*	2475.60*	2475.60*	47
48 NEEDLE PUNCTURE OF BURSA					25.00	24.80	20.60*	20.60*	48
49 BRONCHOSCOPY					248.60	185.70*	185.70*	185.70*	49
50 THORACENTESIS					80.00	60.00	51.60	31.00	50
51 CATHETERIZATION OF HEART					625.00	625.00	625.00	625.00	51
52 INSERTION OF PACEMAKER					1180.80	1227.50	1396.00	1031.50	52
53 PARTIAL COLECTOMY					1118.60*	1070.10*	1066.90*	990.20*	53
54 APPENDECTOMY	600.00	600.00	600.00	600.00	580.00	600.00	600.00	580.00	54
55 SIGMOIDOSCOPY					50.00	41.30*	41.30*	31.00*	55

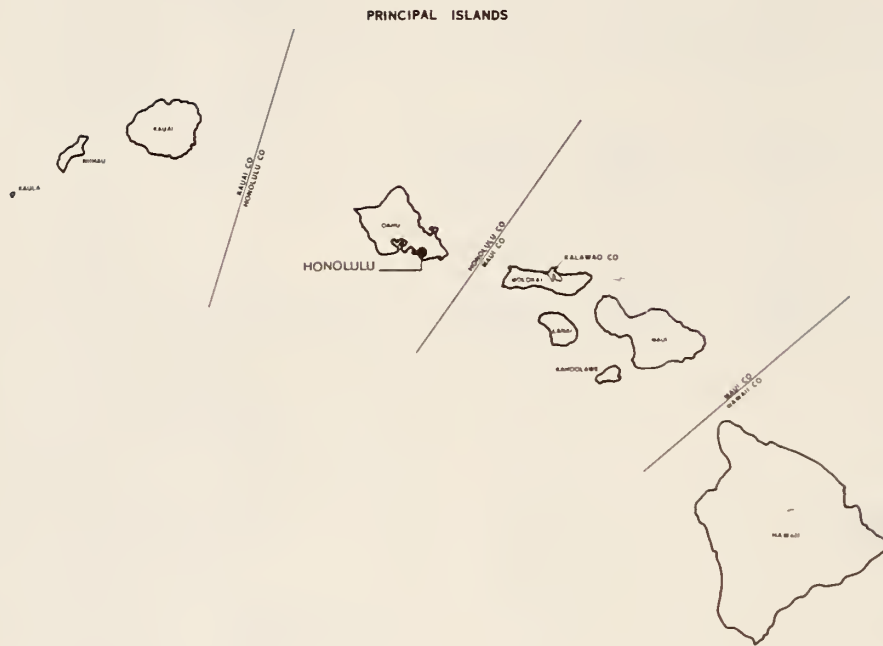
1984 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

GEORGIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIDECTOMY					505.40*	500.00	450.00	500.00	56
57 CHOLECYSTECTOMY					825.20*	818.30*	825.00	618.90*	57
58 REPAIR HERNIA					543.20*	464.20*	525.00	495.10*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	93.70*	90.00	61.90*	61.90*	81.50*	61.90*	61.90*	61.90*	59
60 DILATION OF URETHRA					20.60*	20.60*	20.00	20.60*	60
61 PROSTATECTOMY - SUPRAPUBIC					1220.00	1031.50	1017.10*	928.40	61
62 ELECTROSECTION-PROSTATE (TUR)	1031.50*	900.00	1031.50*	1031.50*	1031.50*	900.00	969.60*	773.60	62
63 HYSTERECTOMY					928.40*	974.50*	928.40*	928.40*	63
64 INITIAL COMPLETE EYE EXAM					36.00	31.00*	31.00*	30.40	64
65 COMPREHENSIVE EYE EXAM					36.00	31.00*	31.00*	30.40	65
66 EYE EXAM WITH TONOMETRY					23.00*	14.50	12.50	15.00	66
67 EXTRACTION OF LENS	897.40*	1000.00	897.40*	1000.00	1082.20*	1013.30*	825.20*	825.20*	67
68 CHEST X-RAY - SINGLE VIEW	24.80*	25.00	26.80*	25.00	34.00	31.00*	24.80*	25.80	68
69 CHEST X-RAY - TWO VIEWS	35.00	37.00	31.00*	31.00*	35.10*	38.70*	31.00*	38.70*	69
70 X-RAY SPINE					41.30*	55.00	51.60*	51.60*	70
71 X-RAY HIP					44.25	52.00	35.10*	44.25	71
72 X-RAY UPPER GI TRACT	74.30	72.20*	72.20*	72.20*	72.20*	90.30*	72.20*	77.40*	72
73 X-RAY COLON					85.00	77.40*	79.00*	76.30*	73
74 RADIATION THERAPY-LOW VOLT	34.80*	34.80*	34.80*	34.80*	34.20	34.50	34.20	34.20	74
75 RADIATION THERAPY-SUPER VOLT	26.30	26.30	27.30	26.30	60.00	65.00	60.00	60.00	75
76 RADIATION THERAPY-MEGAVOLT					73.40*	73.40*	73.40*	73.40*	76
77 CAT SCAN - HEAD					280.00	115.00	115.00	115.00	77
78 CAT SCAN - ABDOMEN					295.00	404.20*	404.20*	404.20*	78
79 THREE CHEMISTRY TESTS					13.75	13.75	13.75	13.75	79
80 NINETEEN CHEMISTRY TESTS					25.00	25.00	25.00	25.00	80
81 CULTURE - OTHER THAN BLOOD					16.00	16.00	16.00	16.00	81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT					10.00L	10.00L	10.00L	10.00L	83
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	10.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST					7.00L	7.00L	7.00L	7.00L	86
87 FLOCCULATION TEST					8.50	8.50	8.50	8.50	87
88 HEMATOCRIT					4.00L	4.00L	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)					8.00	8.00	8.00	8.00	89
90 POTASSIUM TEST - BLOOD					10.50	10.50	10.50	10.50	90
91 PROTHROMBIN TIME TEST					7.00L	7.00L	7.00L	7.00L	91
92 SEDIMENTATION RATE					5.00	5.00	5.00	5.00	92
93 BLOOD SUGAR					6.00L	6.00L	6.00L	6.00L	93
94 BUN-UREA - NITROGEN					7.00L	7.00L	7.00L	7.00L	94
95 URIC ACID					8.00L	8.00L	8.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING					5.00	5.00	5.00	5.00	96
97 PAP TEST					8.00L	8.00L	8.00L	8.00L	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS					5.00L	5.00L	5.00L	5.00L	99
100 PATHOLOGY - THREE SPECIMENS					25.00	25.00	25.00	25.00	100
101 ELEC MONITORING-PACEMAKER					33.00	28.80	25.00	30.00	101
102 DONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT					1894.90	1894.90	1894.90	1894.90	103
104 HOSPITAL BED - RENTAL					55.00L	55.00L	55.00L	55.00L	104
105 WALKER - RENTAL					15.60	15.60	15.60	15.60	105
106 WHEELCHAIR - RENTAL					26.00	26.00	26.00	26.00	106
107 LIQUID OXYGEN - RENTAL					120.50	120.50	120.50	120.50	107
108 HOSPITAL BED - PURCHASE					500.00L	500.00L	500.00L	500.00L	108
109 WALKER - PURCHASE					58.50	58.50	58.50	58.50	109
110 WHEELCHAIR - PURCHASE					269.00	269.00	269.00	269.00	110

HAWAII

HAWAII



GUAM



Hawaii and Guam are combined into a single locality.

1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

HAWAII
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	01	
1 INITIAL BRIEF OFFICE VISIT		24.70*	1
2 INITIAL LIMITED OFFICE VISIT	45.20*	51.90*	2
3 INITIAL INTERMED OFFICE VISIT		67.40*	3
4 INITIAL COMP OFFICE VISIT	72.20*	82.40*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	10.40*	12.40*	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.50*	16.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	21.70*	24.70*	7
8 INTERMEDIATE F/U OFFICE VISIT	27.60*	33.00*	8
9 EXTENDED F/U OFFICE VISIT	42.90	49.90*	9
10 COMP FOLLOWUP OFFICE VISIT	65.00	68.70*	10
11 BRIEF FOLLOWUP HOME VISIT	28.10*	32.20*	11
12 LIMITED FOLLOWUP HOME VISIT		46.40*	12
13 INTERMDIATE F/U HOME VISIT	41.20*		13
14 EXTENDED CARE FACILITY VISIT		16.50*	14
15 BRIEF F/U NURSING HOME VISIT	12.40*		15
16 INITIAL BRIEF HOSPITAL VISIT	41.20*	51.50*	16
17 INIT INTERMED HOSPITAL VISIT		82.40*	17
18 INITIAL COMP HOSPITAL VISIT	86.70*	103.30*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	15.50*	22.20*	19
20 LIMITED F/U HOSPITAL VISIT	30.80*	33.00*	20
21 INTERMED F/U HOSPITAL VISIT	37.20*	46.20*	21
22 EXTENDED F/U HOSPITAL VISIT		55.30*	22
23 BRIEF EMERGENCY ROOM VISIT		40.90*	23
24 LIMITED EMERGENCY ROOM VISIT		44.00*	24
25 INTERMED EMERGENCY ROOM VISIT		102.40*	25
26 LIMITED CONSULTATION	56.60*	63.80*	26
27 EXTENSIVE CONSULTATION		95.90*	27
28 COMPREHENSIVE CONSULTATION		115.60*	28
29 PSYCHOTHERAPY-ONE HOUR		83.30*	29
30 PSYCHOTHERAPY-HALF HOUR		45.70*	30
31 CHIROPRACTIC OFFICE VISIT		15.30*	31
32 INITIAL PHYSIOTHERAPY		27.20*	32
33 F/U PODIATRIC OFFICE VISIT		14.50*	33
34 ELECTROCARDIOGRAM (EKG)	37.20*	41.20*	34
35 EKG-INTERPRET AND REPORT ONLY	21.70*	12.40*	35
36 SPIROMETRY		34.00*	36
37 ELECTROENCEPHALOGRAM (EEG)		93.90*	37
38 CHEMOTHERAPY		30.20*	38
39 COLLECTION OF SPECIMENS			39
40 DEBRIDEMENT OF NAILS		30.50*	40
41 SKIN BIOPSY		53.70*	41
42 CHEMOCAUTERY		37.40*	42
43 RADICAL MASTECTOMY			43
44 OPEN REDUCTION OF FRACTURE			44
45 ARTHROCENTESIS-MAJOR JOINT	49.50*	49.50*	45
46 CORONARY ARTERY BYPASS			46
47 TOTAL ARTIFICIAL HIP REPLACE		2647.30*	47
48 NEEDLE PUNCTURE OF BURSA		45.10*	48
49 BRONCHOSCOPY		228.90*	49
50 THORACENTESIS		43.40*	50
51 CATHERIZATION OF HEART		772.20*	51
52 INSERTION OF PACEMAKER		981.50*	52
53 PARTIAL COLECTOMY		1320.10*	53
54 APPENDECTOMY		660.10*	54
55 SIGMOIDOSCOPY		49.50*	55

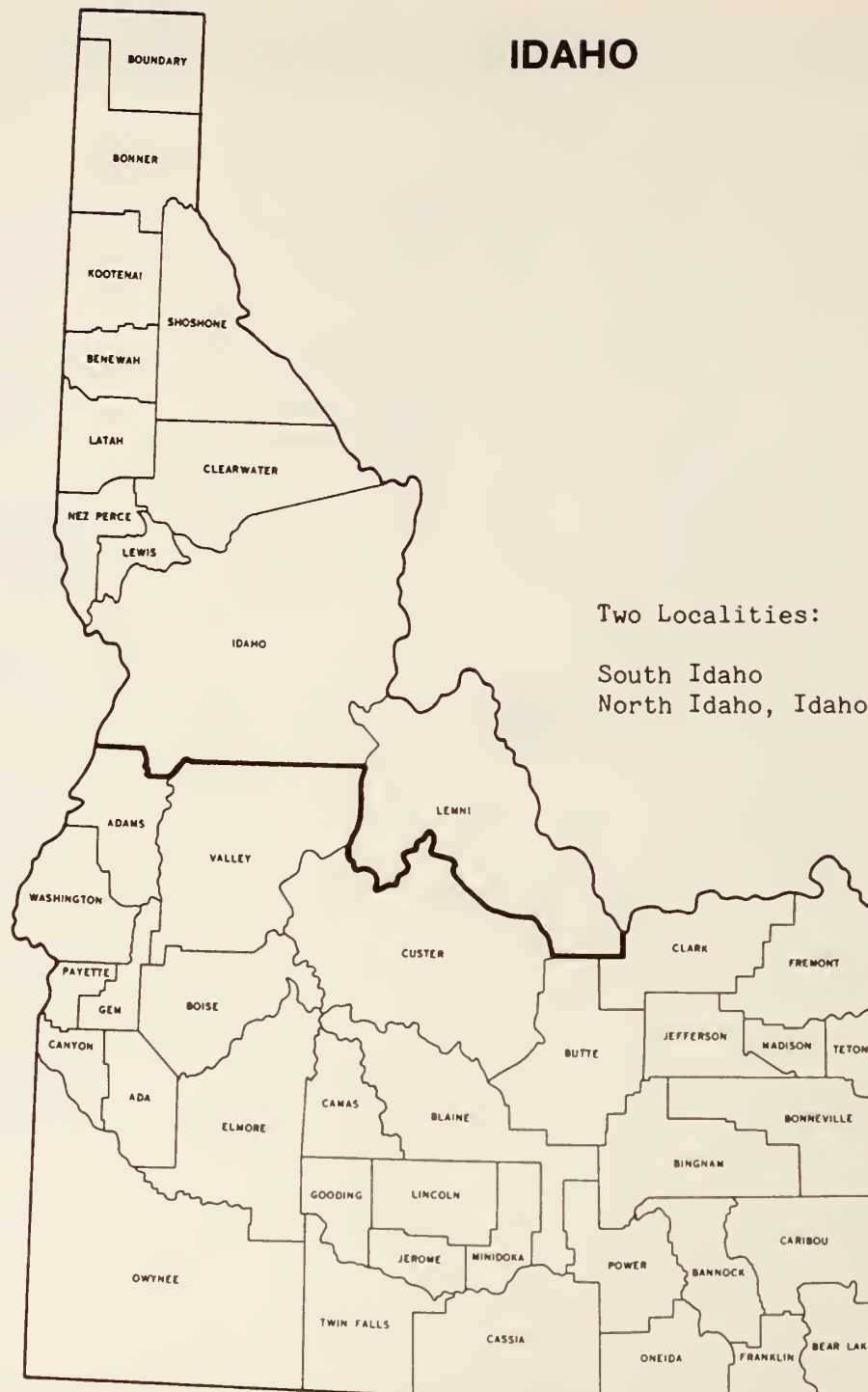
1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

HAWAII
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	01	
56 HEMORRHOIDECTOMY		494.90*	56
57 CHOLECYSTECTOMY		990.20*	57
58 REPAIR HERNIA		577.60*	58
59 OIAGNOSTIC CYSTOURETHROSCOPY	72.60*	115.60*	59
60 DILATION OF URETHRA		54.60	60
61 PROSTATECTOMY - SUPRAPUBIC		1155.20*	61
62 ELECTROSECTION-PROSTATE (TUR)		1237.70*	62
63 HYSTERECTOMY		1155.20*	63
64 INITIAL COMPLETE EYE EXAM		51.50*	64
65 COMPREHENSIVE EYE EXAM			65
66 EYE EXAM WITH TONOMETRY		10.40*	66
67 EXTRACTION OF LENS		1237.70*	67
68 CHEST X-RAY - SINGLE VIEW	24.70*	30.10*	68
69 CHEST X-RAY - TWO VIEWS	43.40*	40.40*	69
70 X-RAY SPINE		51.90*	70
71 X-RAY HIP		55.80*	71
72 X-RAY UPPER GI TRACT	78.00*	92.70*	72
73 X-RAY COLON		84.50*	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD			77
78 CAT SCAN - ABOOMEN			78
79 THREE CHEMISTRY TESTS		28.10*	79
80 NINETEEN CHEMISTRY TESTS			80
81 CULTURE - OTHER THAN BLOOD		16.60*	81
82 HEMOGLOBIN		6.80*	82
83 AUTOMATED BLOOD COUNT		10.70*	83
84 WHITE CELL COUNT		7.30*	84
85 COMPLETE BLOOD COUNT (CBC)		15.90*	85
86 CHOLESTEROL TEST		11.50*	86
87 FLOCCULATION TEST		12.00*	87
88 HEMATOCRIT		6.20*	88
89 PLATELET COUNT (REES-ECKER)		8.80*	89
90 POTASSIUM TEST - BLOOO		14.25	90
91 PROTHROMBIN TIME TEST		13.20*	91
92 SEOIMENTATION RATE		10.20*	92
93 BLOOD SUGAR		13.70*	93
94 BUN-UREA - NITROGEN		13.70*	94
95 URIC ACIO		12.00*	95
96 FECES-OCCULT BLOOD-SCREENING		5.70*	96
97 PAP TEST		10.40*	97
98 ROUTINE URINALYSIS		8.10*	98
99 CHEMICAL URINALYSIS		6.00	99
100 PATHOLOGY - THREE SPECIMENS		39.40*	100
101 ELEC MONITORING-PACEMAKER			101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIONEV TRANSPLANT			103
104 HOSPITAL BED - RENTAL			104
105 WALKER - RENTAL			105
106 WHEELCHAIR - RENTAL		36.90*	106
107 LIQUID OXYGEN - RENTAL			107
108 HOSPITAL BED - PURCHASE		57.20	108
109 WALKER - PURCHASE			109
110 WHEELCHAIR - PURCHASE			110

IDAHO

IDAHO



Two Localities:

South Idaho

North Idaho, Idaho and Lemhi Counties and points north

1984 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

IDAHO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SOUTH	NORTH	SOUTH	NORTH	
1 INITIAL BRIEF OFFICE VISIT			24.00	25.90*	1
2 INITIAL LIMITED OFFICE VISIT	25.00	27.00	41.00	50.00	2
3 INITIAL INTERMED OFFICE VISIT			41.00	50.00	3
4 INITIAL COMP OFFICE VISIT	50.00	50.00	72.20*	80.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.20*	9.80*	10.40*	10.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.00*	12.00*	14.60*	14.10*	6
7 LIMITED FOLLOWUP OFFICE VISIT	12.50*	12.50*	16.60*	15.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	18.50	21.90*	23.00*	24.80*	8
9 EXTENDED F/U OFFICE VISIT	29.50*	30.00	38.00	37.50	9
10 COMP FOLLOWUP OFFICE VISIT	36.10*	46.70*	68.70*	60.00	10
11 BRIEF FOLLOWUP HOME VISIT	22.90*	24.80*	20.75*	20.75*	11
12 LIMITED FOLLOWUP HOME VISIT			30.00	30.00	12
13 INTERMEDIATE F/U HOME VISIT	30.00	33.00*	22.30*	29.60*	13
14 EXTENDED CARE FACILITY VISIT			20.00*	15.50*	14
15 BRIEF F/U NURSING HOME VISIT	12.50*	12.50*	16.60*	15.50*	15
16 INITIAL BRIEF HOSPITAL VISIT	41.20*	39.20*	51.60*	50.00	16
17 INIT INTERMED HOSPITAL VISIT			72.20*	61.90*	17
18 INITIAL COMP HOSPITAL VISIT	60.00	72.20*	72.20*	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.00*	12.00*	14.60*	14.10*	19
20 LIMITED F/U HOSPITAL VISIT	13.00*	13.00*	20.00*	15.50*	20
21 INTERMED F/U HOSPITAL VISIT	25.00	24.50	30.00	27.00	21
22 EXTENDED F/U HOSPITAL VISIT			36.40*	40.50	22
23 BRIEF EMERGENCY ROOM VISIT			18.30*	18.50*	23
24 LIMITED EMERGENCY ROOM VISIT			23.30*	25.60*	24
25 INTERMED EMERGENCY ROOM VISIT			35.00*	51.10*	25
26 LIMITED CONSULTATION	36.00	30.00 *	51.60*	51.60*	26
27 EXTENSIVE CONSULTATION			72.20*	70.00	27
28 COMPREHENSIVE CONSULTATION			82.70*	82.70*	28
29 PSYCHOTHERAPY-ONE HOUR			33.50*	34.00*	29
30 PSYCHOTHERAPY-HALF HOUR			32.80*	24.50*	30
31 CHIROPRACTIC OFFICE VISIT			12.90*	12.50*	31
32 INITIAL PHYSIOTHERAPY					32
33 F/U PODIATRIC OFFICE VISIT			12.50*	12.50*	33
34 ELECTROCARDIOGRAM (EKG)	31.00*	31.00*	38.00	35.00	34
35 EKG-INTERPRET AND REPORT ONLY	16.90*	17.00	20.00*	17.00	35
36 SPIROMETRY			10.00	10.00	36
37 ELECTROENCEPHALOGRAM (EEG)			80.20*		37
38 CHEMOTHERAPY					38
39 COLLECTION OF SPECIMENS			3.00	3.00	39
40 DEBRIDEMENT OF NAILS			14.40*	12.80*	40
41 SKIN BIOPSY			36.10*	36.00	41
42 CHEMOCAUTERY			18.70	18.00	42
43 RADICAL MASTECTOMY			756.00*	731.60*	43
44 OPEN REDUCTION OF FRACTURE			990.50*	990.50*	44
45 ARTHROCENTESIS-MAJOR JOINT					45
46 CORONARY ARTERY BYPASS					46
47 TOTAL ARTIFICIAL HIP REPLACE			1134.70*	1134.70*	47
48 NEEDLE PUNCTURE OF BURSA			22.40*	25.00	48
49 BRONCHOSCOPY			196.25*	196.25*	49
50 THORACENTESIS			51.60*	40.00	50
51 CATHETERIZATION OF HEART			509.70*		51
52 INSERTION OF PACEMAKER					52
53 PARTIAL COLECTOMY			1031.70*	928.40*	53
54 APPENDECTOMY	468.40*		476.10*	434.40*	54
55 SIGMOIDOSCOPY			31.00*	37.00	55

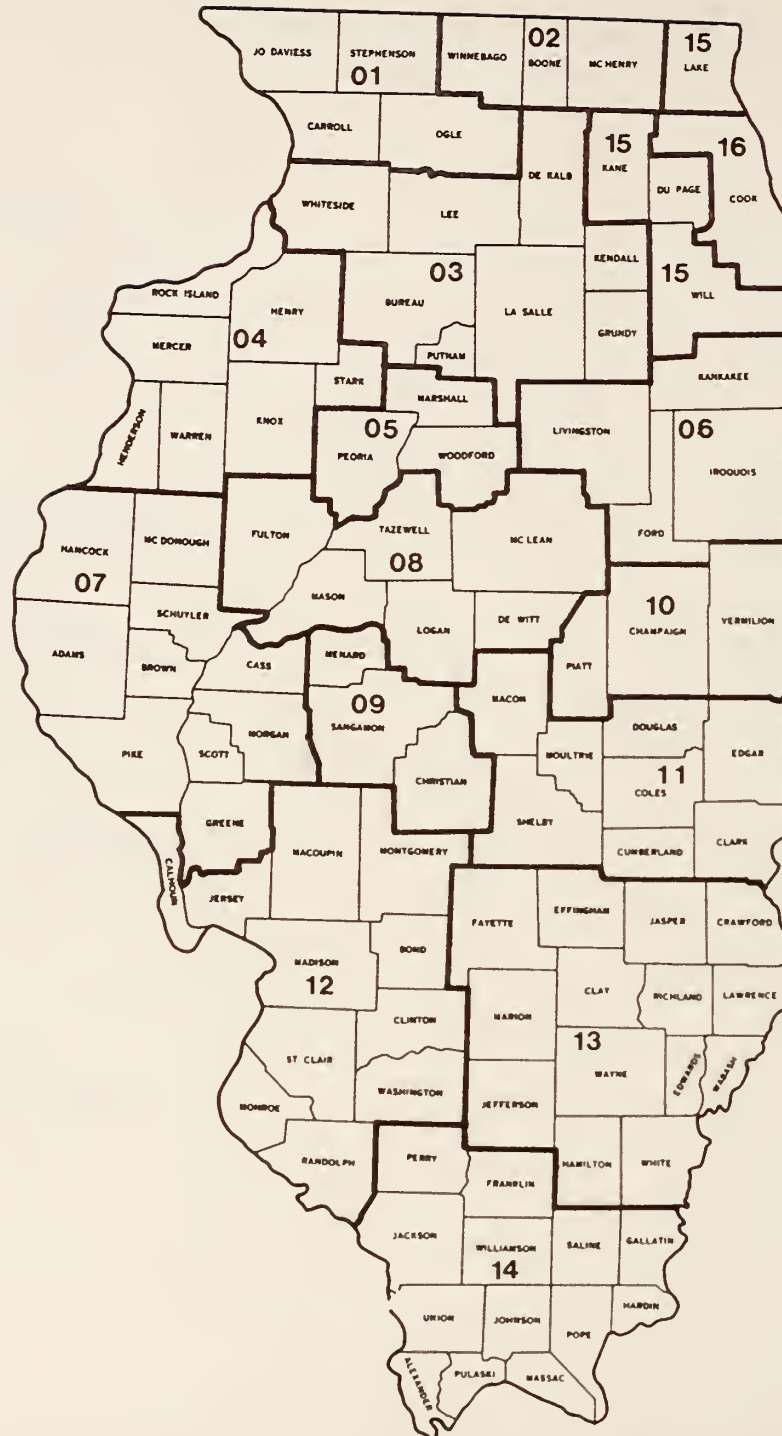
1984 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

IDAHO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SOUTH	NORTH	SOUTH	NORTH	
56 HEMORRHOIDECTOMY			358.10*	320.20*	56
57 CHOLECYSTECTOMY			722.00*	738.00	57
58 REPAIR HERNIA			412.70*	412.70*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY			77.00	60.00	59
60 DILATION OF URETHRA			19.00	19.00	60
61 PROSTATECTOMY - SUPRAPUBIC			1002.30*	853.50*	61
62 ELECTROSECTION-PROSTATE (TUR)			825.40*	825.40*	62
63 HYSTERECTOMY			825.40*	825.40*	63
64 INITIAL COMPLETE EYE EXAM			35.40*	36.80	64
65 COMPREHENSIVE EYE EXAM			35.40*	36.80	65
66 EYE EXAM WITH TONOMETRY			13.80*	19.00	66
67 EXTRACTION OF LENS			773.90*	975.00	67
68 CHEST X-RAY - SINGLE VIEW	31.00*	23.50	31.00*	21.00	68
69 CHEST X-RAY - TWO VIEWS	31.00*	28.90*	31.00*	31.00*	69
70 X-RAY SPINE			45.00*	45.00	70
71 X-RAY HIP			30.30*	36.40*	71
72 X-RAY UPPER GI TRACT	63.90*	63.90*	65.90*	65.90*	72
73 X-RAY COLON			72.20*	72.20*	73
74 RADIATION THERAPY-LOW VOLT					74
75 RADIATION THERAPY-SUPER VOLT					75
76 RADIATION THERAPY-MEGAVOLT					76
77 CAT SCAN - HEAD					77
78 CAT SCAN - ABDOMEN					78
79 THREE CHEMISTRY TESTS			24.50	29.40	79
80 NINETEEN CHEMISTRY TESTS			22.00	25.00	80
81 CULTURE - OTHER THAN BLOOD			10.75	18.00	81
82 HEMOGLOBIN			3.50L	5.00L	82
83 AUTOMATED BLOOD COUNT			11.00L	12.00L	83
84 WHITE CELL COUNT			4.00L	5.00L	84
85 COMPLETE BLOOD COUNT (CBC)			11.00L	12.00L	85
86 CHOLESTEROL TEST			8.00L	8.00L	86
87 FLOCCULATION TEST			9.00	9.00	87
88 HEMATOCRIT			4.00L	5.00L	88
89 PLATELET COUNT (REES-ECKER)			9.00	10.00	89
90 POTASSIUM TEST - BLOOD			12.00	10.00	90
91 PROTHROMBIN TIME TEST			7.50L	9.00L	91
92 SEDIMENTATION RATE			6.00L	5.50L	92
93 BLOOD SUGAR			7.50L	7.00L	93
94 BUN-UREA - NITROGEN			8.00L	8.00L	94
95 URIC ACID			8.00L	8.70L	95
96 FECES-OCCULT BLOOD-SCREENING			4.50	7.00	96
97 PAP TEST			7.50L	8.00L	97
98 ROUTINE URINALYSIS			5.50L	5.50L	98
99 CHEMICAL URINALYSIS			5.00	4.60	99
100 PATHOLOGY - THREE SPECIMENS			20.00		100
101 ELEC MONITORING-PACEMAKER			15.90*	19.10*	101
102 DONOR NEPHRECTOMY-UNILATERAL					102
103 KIDNEY TRANSPLANT					103
104 HOSPITAL BED - RENTAL			65.00L	75.00	104
105 WALKER - RENTAL			13.40	18.00	105
106 WHEELCHAIR - RENTAL			26.80L	23.20L	106
107 LIQUID OXYGEN - RENTAL			77.00	77.00	107
108 HOSPITAL BED - PURCHASE			641.25L		108
109 WALKER - PURCHASE			64.00	60.70	109
110 WHEELCHAIR - PURCHASE			330.90L	320.00L	110

ILLINOIS

ILLINOIS



Sixteen localities

1984 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT					30.90*	24.00	22.00	40.00	1
2 INITIAL LIMITED OFFICE VISIT	25.00	25.00	17.50	20.00	30.90*	24.00	22.00	40.00	2
3 INITIAL INTERMED OFFICE VISIT					41.20*	18.00	35.00	35.00	3
4 INITIAL COMP OFFICE VISIT	35.00	31.00	35.00	35.00	41.20*	61.90*	51.50*	72.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	3.00	12.40*	15.00	5.00	8.20*	3.00	6.00	6.10*	5
6 BRIEF FOLLOWUP OFFICE VISIT	10.40*	14.40*	12.40*	12.40*	14.40*	16.40*	14.40*	16.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	10.40*	14.40*	12.40*	12.40*	14.40*	16.40*	14.40*	16.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	15.00	17.00	18.00	17.00	26.00	22.00	20.00	22.00	8
9 EXTENDED F/U OFFICE VISIT	20.00	19.00	17.00	48.00*	30.90*	23.00	30.90*	28.00	9
10 COMP FOLLOWUP OFFICE VISIT	32.00	32.00*	28.00	30.00	32.00*	32.00*	32.00*	32.00*	10
11 BRIEF FOLLOWUP HOME VISIT	18.00	27.80*	20.00	25.00	26.90*	30.00	25.00	30.00	11
12 LIMITED FOLLOWUP HOME VISIT					20.70*	31.50*	20.00*	25.00*	12
13 INTERMEDIATE F/U HOME VISIT	28.00	27.80*	25.00	25.10*	23.20*	35.00	32.50*	20.00	13
14 EXTENDED CARE FACILITY VISIT					23.00*	23.20*	20.90*	22.00*	14
15 BRIEF F/U NURSING HOME VISIT	14.40*	19.00	20.00	14.40*	20.00	20.70*	16.40*	16.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	30.90*	30.90*	41.20*	51.50*	35.00	51.50*	51.50*	51.50*	16
17 INIT INTERMED HOSPITAL VISIT					41.20*	70.00	60.00	72.20*	17
18 INITIAL COMP HOSPITAL VISIT	58.00	60.00	55.00	75.00	45.00	75.00	72.20*	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.40*	14.40*	14.40*	14.40*	14.40*	20.70*	16.40*	16.40*	19
20 LIMITED F/U HOSPITAL VISIT	12.40*	14.40*	14.40*	14.40*	14.40*	20.70*	16.40*	16.40*	20
21 INTERMED F/U HOSPITAL VISIT	20.00	25.00	18.00	20.70*	25.00	32.00	30.00	35.00	21
22 EXTENDED F/U HOSPITAL VISIT					25.00	32.00	30.00	35.00	22
23 BRIEF EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	23
24 LIMITED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	24
25 INTERMED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	25
26 LIMITED CONSULTATION	20.00	20.00	20.00	20.00	50.00	51.50*	51.50*	51.50*	26
27 EXTENSIVE CONSULTATION					72.20*	72.20*	85.00	72.20*	27
28 COMPREHENSIVE CONSULTATION					72.20*	72.20*	85.00	72.20*	28
29 PSYCHOTHERAPY-ONE HOUR					57.50*	45.00	40.00	63.80*	29
30 PSYCHOTHERAPY-HALF HOUR					40.00	25.00*	36.50*	18.70*	30
31 CHIROPRACTIC OFFICE VISIT					12.80*	12.80*	14.40*	15.00	31
32 INITIAL PHYSIOTHERAPY					26.90*	35.40*	26.90*	26.90*	32
33 F/U PODIATRIC OFFICE VISIT					14.40*	16.40*	14.40*	15.00	33
34 ELECTROCARDIOGRAM (EKG)	25.00	25.00	25.00	35.00	26.00	26.75	25.90*	33.00	34
35 EKG-INTERPRET AND REPORT ONLY	11.20*	11.20*	12.00	11.20*	10.70	30.00	10.40*	10.70	35
36 SPIROMETRY					25.90*	25.90*	25.90*	25.90*	36
37 ELECTROENCEPHALOGRAM (EEG)					24.80*	50.00	24.80*	41.70*	37
38 CHEMOTHERAPY					28.00	12.00	26.25*	27.70*	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					17.80*	14.20*	15.00	18.10*	40
41 SKIN BIOPSY					52.10*	20.70*	61.90*	41.20*	41
42 CHEMOCAUTERY					59.00*	69.75*	59.50*	57.80*	42
43 RADICAL MASTECTOMY					833.80*	1013.90*	721.90*	1212.30*	43
44 OPEN REDUCTION OF FRACTURE					1361.50*	1134.50*	1031.50*	990.10*	44
45 ARTHROCENTESIS-MAJOR JOINT	24.80*	20.70*	20.70*	20.70*	25.00*	30.00	15.00	30.90*	45
46 CORONARY ARTERY BYPASS					3640.70*	4135.60*	4600.00	3313.70*	46
47 TOTAL ARTIFICIAL HIP REPLACE					3000.00	2509.70*	1995.00*	1619.60*	47
48 NEEDLE PUNCTURE OF BURSA					20.70*	24.80*	20.70*	30.90*	48
49 BRONCHOSCOPY					185.60*	206.30*	206.30*	216.60*	49
50 THORACENTESIS					90.90*	72.20*	64.30*	39.70*	50
51 CATHETERIZATION OF HEART					450.00	450.00	450.00	416.20*	51
52 INSERTION OF PACEMAKER					1390.90*	1344.20*	1388.20*	1338.30*	52
53 PARTIAL COLECTOMY					1031.50*	1031.50*	1082.80*	1155.20*	53
54 APPENDECTOMY	600.50*	600.50*	600.50*	600.50*	600.50*	600.50*	600.50*	600.50*	54
55 SIGMOIDOSCOPY					50.00	41.20*	51.50*	51.50*	55

1984 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIDECTOMY					464.20*	515.60*	309.30*	433.20*	56
57 CHOLECYSTECTOMY					866.40*	825.20*	825.20*	928.20*	57
58 REPAIR HERNIA					515.60*	556.90*	515.60*	505.30*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	83.40*	74.90*	74.90*	70.00	72.20*	72.20*	72.20*	61.90*	59
60 DILATION OF URETHRA					20.00	20.00	10.40*	24.80*	60
61 PROSTATECTOMY - SUPRAPUBIC					1155.20*	1200.00	990.10*	990.10*	61
62 ELECTROSECTION-PROSTATE (TUR)	615.90*	1472.70*	1086.80*	937.00*	991.70*	964.20*	904.10*	913.40*	62
63 HYSTERECTOMY					851.40*	1025.00	825.20*	1010.80*	63
64 INITIAL COMPLETE EYE EXAM					24.60*	31.40*	17.50*	32.00	64
65 COMPREHENSIVE EYE EXAM					32.20*	23.30	22.00	32.70	65
66 EYE EXAM WITH TONOMETRY					24.00	20.00	25.20	24.00	66
67 EXTRACTION OF LENS	1000.50*	1000.00	950.00	1000.50*	1082.80*	1000.00	825.20*	825.20*	67
68 CHEST X-RAY - SINGLE VIEW	20.70*	40.00	24.80*	30.00	25.00	11.00	21.70*	24.80*	68
69 CHEST X-RAY - TWO VIEWS	30.90*	32.90*	24.80*	37.20*	35.00*	29.00	30.90*	37.20*	69
70 X-RAY SPINE					56.00*	60.00	36.10*	51.50*	70
71 X-RAY HIP					37.80*	24.80*	30.90*	30.90*	71
72 X-RAY UPPER GI TRACT	20.70*	85.00	72.50*	71.00*	77.00*	77.50*	51.50*	82.60*	72
73 X-RAY COLON					77.00*	77.50*	51.50*	72.20*	73
74 RADIATION THERAPY-LOW VOLT	86.50	86.50	86.50	86.50	86.50	86.50	86.50	86.50	74
75 RADIATION THERAPY-SUPER VOLT	115.30	115.30	115.30	115.30	115.30	115.30	115.30	115.30	75
76 RADIATION THERAPY-MEGAVOLT					144.20	144.20	144.20	144.20	76
77 CAT SCAN - HEAD					371.50	371.50	371.50	371.50	77
78 CAT SCAN - ABDOMEN					384.70*	395.00	395.00	384.70*	78
79 THREE CHEMISTRY TESTS					24.50	24.20	20.00	20.00	79
80 NINETEEN CHEMISTRY TESTS					23.00	25.00	30.00	23.00	80
81 CULTURE - OTHER THAN BLOOD									81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT					10.00L	10.00L	10.00L	10.00L	83
84 WHITE CELL COUNT					4.00L	4.00	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	10.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST					7.00L	7.00L	7.00L	7.00L	86
87 FLOCCULATION TEST					8.00	5.00	8.00	8.00	87
88 HEMATOCRIT					4.00L	4.00	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)					9.50	7.50	10.00	10.00	89
90 POTASSIUM TEST - BLOOD					15.00	9.00	9.00	9.00	90
91 PROTHROMBIN TIME TEST					7.00L	7.00L	7.00L	7.00L	91
92 SEDIMENTATION RATE					5.00L	5.00L	5.00L	5.00L	92
93 BLOOD SUGAR					7.00L	7.00L	7.00L	7.00L	93
94 BUN-UREA - NITROGEN					7.00L	7.00L	7.00L	7.00L	94
95 URIC ACID					7.00L	7.00L	7.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	3.30	6.50	5.00	96
97 PAP TEST					10.00	10.00	10.00L	10.00L	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS					6.00	3.00	5.00	6.00	99
100 PATHOLOGY - THREE SPECIMENS					25.50	26.00	21.00	25.00	100
101 ELEC MONITORING-PACEMAKER					31.30*	48.30*	31.30*	37.50*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1779.00*	1758.70*	1885.20*	1800.10*	102
103 KIDNEY TRANSPLANT					2274.40	2274.40	2274.40	2274.40	103
104 HOSPITAL BED - RENTAL					50.00L	50.00L	50.00L	50.00L	104
105 WALKER - RENTAL					35.20	35.20	35.20	16.00	105
106 WHEELCHAIR - RENTAL					34.00L	34.00L	32.00	34.00L	106
107 LIQUID OXYGEN - RENTAL					53.00	53.00	53.00	53.00	107
108 HOSPITAL BED - PURCHASE					470.14L	470.14L	470.14L	470.14L	108
109 WALKER - PURCHASE					66.00	66.00	66.00	61.15	109
110 WHEELCHAIR - PURCHASE					304.83L	304.83L	304.83L	304.83L	110

1984 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	07	08	05	06	07	08	
1 INITIAL BRIEF OFFICE VISIT					30.90*	34.00	25.00	22.00	1
2 INITIAL LIMITED OFFICE VISIT	25.00	25.00	30.90*	20.00	30.90*	34.00	25.00	22.00	2
3 INITIAL INTERMED OFFICE VISIT					50.00	30.90*	41.20*	39.00	3
4 INITIAL COMP OFFICE VISIT	35.00*	34.20*	35.00	30.90*	51.50*	60.00	51.50*	61.90*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.10*	10.00	5.00	8.90*	6.10*	6.10*	5.00	6.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.50*	12.40*	15.20*	12.40*	21.40*	14.40*	14.40*	14.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	15.50*	12.40*	15.20*	12.40*	21.40*	14.40*	14.40*	14.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	18.00	17.00	16.00	17.00	22.00	20.00	20.00	20.00	8
9 EXTENDED F/U OFFICE VISIT	22.00	18.00	20.00	13.50	20.70*	25.00	30.00	24.80*	9
10 COMP FOLLOWUP OFFICE VISIT	32.00*	32.00*	32.00*	32.00*	32.00*	27.00	32.00*	32.00*	10
11 BRIEF FOLLOWUP HOME VISIT	30.00	26.70*	25.00	25.40*	30.00	25.00	25.00	29.50*	11
12 LIMITED FOLLOWUP HOME VISIT					23.50*	20.40*	20.70*	23.10*	12
13 INTERMEDIATE F/U HOME VISIT	30.00	26.70*	27.50*	25.40*	35.00	35.00	33.90*	35.00	13
14 EXTENDED CARE FACILITY VISIT					19.80*	26.90*	23.00*	21.60*	14
15 BRIEF F/U NURSING HOME VISIT	20.70*	20.70*	17.00	16.40*	20.70*	20.70*	15.00	20.70*	15
16 INITIAL BRIEF HOSPITAL VISIT	30.90*	51.50*	30.90*	41.20*	60.00	51.50*	41.20*	30.90*	16
17 INIT INTERMED HOSPITAL VISIT					61.90*	51.50*	60.00	60.00	17
18 INITIAL COMP HOSPITAL VISIT	50.00	60.00	65.00	55.00	61.90*	75.00	72.20*	61.90*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.40*	14.40*	12.40*	14.40*	16.40*	20.70*	14.40*	14.40*	19
20 LIMITED F/U HOSPITAL VISIT	14.40*	14.40*	12.40*	14.40*	16.40*	20.70*	14.40*	14.40*	20
21 INTERMED F/U HOSPITAL VISIT	20.00	24.80*	20.70*	20.70*	25.00	30.00	30.00	25.00	21
22 EXTENDED F/U HOSPITAL VISIT					25.00	30.00	30.00	25.00	22
23 BRIEF EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	23
24 LIMITED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	24
25 INTERMED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	25
26 LIMITED CONSULTATION	26.80*	20.00	20.00	20.00	51.50*	51.50*	41.20*	51.50*	26
27 EXTENSIVE CONSULTATION					51.50*	103.30*	41.20*	51.50*	27
28 COMPREHENSIVE CONSULTATION					51.50*	103.30*	41.20*	51.50*	28
29 PSYCHOTHERAPY-ONE HOUR					41.20*	51.50*	41.20*	35.00*	29
30 PSYCHOTHERAPY-HALF HOUR					19.90*	30.00	35.00	25.00	30
31 CHIROPRACTIC OFFICE VISIT					15.00	15.00	12.80*	12.80*	31
32 INITIAL PHYSIOTHERAPY					20.00*	26.90*	26.90*	26.90*	32
33 F/U PODIATRIC OFFICE VISIT					16.40*	14.40*	14.40*	14.40*	33
34 ELECTROCARDIOGRAM (EKG)	30.90*	27.00	25.00	30.00	30.90*	24.80*	30.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	12.00	11.20*	11.20*	11.20*	6.10*	10.70	10.70	10.70	35
36 SPIROMETRY					19.70*	25.90*	25.90*	25.90*	36
37 ELECTROENCEPHALOGRAM (EEG)					41.20*	48.00*	24.80*	24.80*	37
38 CHEMOTHERAPY					24.90*	15.00	28.00	26.90*	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					18.40*	15.10*	16.00	18.00	40
41 SKIN BIOPSY					30.90*	30.90*	20.70*	51.50*	41
42 CHEMOCAUTERY					25.80*	60.00	39.30*	68.00	42
43 RADICAL MASTECTOMY					1031.50*	1031.50*	825.20*	721.90*	43
44 OPEN REDUCTION OF FRACTURE					1155.20*	1031.50*	928.20*	1031.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	30.00	23.00	30.00	20.70*	10.40*	13.00*	20.70*	20.00	45
46 CORONARY ARTERY BYPASS					4446.00	2787.70*	3640.70*	3640.70*	46
47 TOTAL ARTIFICIAL HIP REPLACE					2682.20*	1640.10*	1705.20*	2500.00	47
48 NEEDLE PUNCTURE OF BURSA					35.00	24.80*	26.90*	20.70*	48
49 BRONCHOSCOPY					206.30*	206.30*	257.90*	257.90*	49
50 THORACENTESIS					72.20*	33.30*	90.90*	90.90*	50
51 CATHETERIZATION OF HEART					450.00	350.25*	450.00	450.00	51
52 INSERTION OF PACEMAKER					1348.30*	1385.00*	1387.30*	1357.20*	52
53 PARTIAL COLECTOMY					1134.50*	1031.50*	1031.50*	1031.50*	53
54 APPENDECTOMY	600.50*	600.50*	600.50*	600.50*	600.50*	600.50*	600.50*	600.50*	54
55 SIGMOIDOSCOPY					51.50*	51.50*	50.00	51.50*	55

1984 PREVAILING CHARGE SUMMARY DATA E.O.S. FEDERAL CORPORATION
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	07	08	05	06	07	08	
56 HEMORRHOIDECTOMY					515.60*	412.60*	412.60*	464.20*	56
57 CHOLECYSTECTOMY					742.60*	825.20*	773.60*	794.20*	57
58 REPAIR HERNIA					515.00	515.60*	443.50*	464.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	74.90*	74.90*	74.90*	74.90*	103.30*	72.20*	61.90*	72.20*	59
60 DILATION OF URETHRA					20.00	20.00	20.00	20.00	60
61 PROSTATECTOMY - SUPRAPUBIC					825.20*	721.90*	1031.50*	825.20*	61
62 ELECTROSECTION-PROSTATE (TUR)	1472.60*	1030.80*	1176.10*	1031.30*	763.20*	925.00	882.90*	800.50*	62
63 HYSTERECTOMY					990.10*	928.20*	773.60*	928.20*	63
64 INITIAL COMPLETE EYE EXAM					32.00	37.20*	20.50*	20.70*	64
65 COMPREHENSIVE EYE EXAM					30.00	34.70	26.80*	31.30	65
66 EYE EXAM WITH TONOMETRY					25.00	15.00	18.00	24.00	66
67 EXTRACTION OF LENS	1000.00	1000.50*	900.00	1000.50*	825.20*	928.20*	900.00	1031.50*	67
68 CHEST X-RAY - SINGLE VIEW	30.90*	20.70*	20.00	30.90*	37.20*	25.00	25.00	25.00	68
69 CHEST X-RAY - TWO VIEWS	35.00*	20.70*	30.90*	30.90*	37.20*	30.90*	30.90*	41.50	69
70 X-RAY SPINE					41.20*	51.50*	51.50*	51.50*	70
71 X-RAY HIP					41.20*	46.00	33.60*	34.10*	71
72 X-RAY UPPER GI TRACT	61.90*	64.10*	61.90*	72.20*	70.30*	72.20*	72.20*	72.20*	72
73 X-RAY COLON					61.90*	72.20*	72.20*	72.20*	73
74 RADIATION THERAPY-LOW VOLT	86.50	86.50	86.50		86.50	86.50	86.50	86.50	74
75 RADIATION THERAPY-SUPER VOLT	115.30	115.30	115.30	115.30	115.30	115.30	115.30	115.30	75
76 RADIATION THERAPY-MEGAVOLT					144.20	144.20	144.20	144.20	76
77 CAT SCAN - HEAD					371.50	371.50	371.50	371.50	77
78 CAT SCAN - ABOOMEN					395.00	384.70*	384.70*	395.00	78
79 THREE CHEMISTRY TESTS					25.00	36.00	22.00	18.60	79
80 NINETEEN CHEMISTRY TESTS					27.00	30.00	30.00	30.00	80
81 CULTURE - OTHER THAN BLOOD									81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT					10.00L	10.00L	10.00L	10.00L	83
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	10.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST					7.00L	5.00	7.00L	7.00L	86
87 FLOCCULATION TEST					8.00	8.00	8.00	8.00	87
88 HEMATOCRIT					4.00L	4.00L	4.00	4.00	88
89 PLATELET COUNT (REES-ECKER)					11.00	12.50	8.00	10.10	89
90 POTASSIUM TEST - BLOOD					14.00	14.00	8.50	11.00	90
91 PROTHROMBIN TIME TEST					7.00L	7.00L	7.00L	7.00L	91
92 SEDIMENTATION RATE					5.00L	5.00L	5.00L	5.00L	92
93 BLOOD SUGAR					7.00L	7.00L	7.00L	7.00L	93
94 BUN-UREA - NITROGEN					7.00L	7.00L	7.00L	7.00L	94
95 URIC ACID					7.00L	7.00L	7.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING					8.00	5.00	5.00	5.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS					6.00	5.00	3.00	4.00	99
100 PATHOLOGY - THREE SPECIMENS					24.00	25.50	20.00	19.00	100
101 ELEC MONITORING-PACEMAKER					46.60*	31.30*	31.30*	31.30*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1850.25*	1744.30*	1710.10*	1800.10*	102
103 KIDNEY TRANSPLANT					2274.40	2274.40	2274.40	2274.40	103
104 HOSPITAL BED - RENTAL					50.00L	50.00L	50.00L	50.00L	104
105 WALKER - RENTAL					35.20	35.20	20.00	35.20	105
106 WHEELCHAIR - RENTAL					34.00L	34.00L	34.00L	31.00	106
107 LIQUID OXYGEN - RENTAL					53.00	53.00	53.00	53.00	107
108 HOSPITAL BED - PURCHASE					470.14L	470.14L	470.14L	470.14L	108
109 WALKER - PURCHASE					66.00	66.00	66.00	66.00	109
110 WHEELCHAIR - PURCHASE					304.83L	304.83L	304.83L	304.83L	110

1984 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	09	10	11	12	09	10	11	12	
1 INITIAL BRIEF OFFICE VISIT					35.00	30.90*	30.90*	25.00	1
2 INITIAL LIMITED OFFICE VISIT	24.00	24.00	20.70*	24.80*	35.00	30.90*	30.90*	25.00	2
3 INITIAL INTERMED OFFICE VISIT					41.20*	31.50	51.50*	51.50*	3
4 INITIAL COMP OFFICE VISIT	31.00*	35.00	33.60*	30.00	61.90*	54.40*	51.50*	51.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	4.00	6.50	8.20*	4.20*	6.10*	6.10*	4.20*	6.10*	5
6 BRIEF FOLLOWUP OFFICE VISIT	18.00	12.20*	10.40*	11.10*	18.40*	16.90*	14.40*	20.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	18.00	12.20*	10.40*	11.10*	18.40*	16.90*	14.40*	20.00	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	16.40*	20.00	20.00	24.80*	20.70*	20.70*	20.00	8
9 EXTENDED F/U OFFICE VISIT	25.00	14.00	21.00	13.90*	20.00	16.00	18.90*	18.90*	9
10 COMP FOLLOWUP OFFICE VISIT	32.00*	28.00	27.00	15.00	32.00*	32.00*	32.00*	32.00*	10
11 BRIEF FOLLOWUP HOME VISIT	25.00	27.40*	21.70*	18.00	30.00	20.00	20.00	25.00	11
12 LIMITED FOLLOWUP HOME VISIT					27.10*	24.50*	20.00*	27.60*	12
13 INTERMEDIATE F/U HOME VISIT	26.25*	27.40*	21.70*	24.50*	35.00	35.00	32.60*	35.00	13
14 EXTENDED CARE FACILITY VISIT					23.70*	16.80*	20.90*	22.40*	14
15 BRIEF F/U NURSING HOME VISIT	17.00	20.00	14.40*	15.00	20.70*	20.70*	20.70*	20.00	15
16 INITIAL BRIEF HOSPITAL VISIT	41.20*	30.90*	30.90*	30.90*	61.90*	30.00	41.20*	41.20*	16
17 INIT INTERMED HOSPITAL VISIT					55.00	60.00	54.00	55.00	17
18 INITIAL COMP HOSPITAL VISIT	65.00	70.00	52.10*	50.00	65.00	75.00	75.00	60.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.40*	14.40*	14.40*	12.40*	16.40*	16.40*	16.40*	16.40*	19
20 LIMITED F/U HOSPITAL VISIT	14.40*	14.40*	14.40*	12.40*	16.40*	16.40*	16.40*	16.40*	20
21 INTERMED F/U HOSPITAL VISIT	20.70*	22.00	20.00	20.70*	25.00	20.70*	26.00	25.00	21
22 EXTENDED F/U HOSPITAL VISIT					25.00	20.70*	26.00	25.00	22
23 BRIEF EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	23
24 LIMITED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	24
25 INTERMED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	25
26 LIMITED CONSULTATION	20.00	20.00	25.00	20.00	51.50*	24.80*	46.50*	51.50*	26
27 EXTENSIVE CONSULTATION					72.20*	51.50*	51.50*	61.90*	27
28 COMPREHENSIVE CONSULTATION					72.20*	51.50*	51.50*	61.90*	28
29 PSYCHOTHERAPY-ONE HOUR					40.00	51.50*	41.20*	30.90*	29
30 PSYCHOTHERAPY-HALF HOUR					34.90*	24.80*	21.40*	29.70*	30
31 CHIROPRACTIC OFFICE VISIT					12.80*	12.80*	15.00	12.80*	31
32 INITIAL PHYSIOTHERAPY					26.90*	26.90*	26.90*	26.90*	32
33 F/U PODIATRIC OFFICE VISIT					16.40*	16.40*	14.40*	14.40*	33
34 ELECTROCARDIOGRAM (EKG)	30.90*	30.00	24.80*	30.90*	30.90*	28.00	24.80*	30.90*	34
35 EKG-INTERPRET AND REPORT ONLY	11.20*	11.20*	12.00	11.20*	10.70	10.70	10.70	10.70	35
36 SPIROMETRY					30.90*	25.90*	25.90*	30.20*	36
37 ELECTROENCEPHALOGRAM (EEG)					50.00	40.30*	45.10*	50.00	37
38 CHEMOTHERAPY					30.00*	20.90*	26.10*	15.00	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					21.80*	15.00	15.00	18.20*	40
41 SKIN BIOPSY					51.50*	51.50*	30.90*	75.00	41
42 CHEMOCAUTERY					63.30*	27.00*	50.00	88.40*	42
43 RADICAL MASTECTOMY					833.80*	618.90*	567.40*	825.20*	43
44 OPEN REDUCTION OF FRACTURE					1100.00	1020.90*	825.20*	1444.10*	44
45 ARTHROCENTESIS-MAJOR JOINT	24.70*	16.80*	20.00	8.20*	20.00	16.40*	25.00*	27.00	45
46 CORONARY ARTERY BYPASS					4191.00*	3231.90*	4600.00	3346.70*	46
47 TOTAL ARTIFICIAL HIP REPLACE					2286.60*	2719.00*	1661.00*	2410.20*	47
48 NEEDLE PUNCTURE OF BURSA					20.70*	12.40*	20.70*	20.70*	48
49 BRONCHOSCOPY					257.90*	309.30*	154.75*	206.30*	49
50 THORACENTESIS					51.50*	82.60*	64.30*	72.20*	50
51 CATHETERIZATION OF HEART					450.00	405.90*	450.00	420.40*	51
52 INSERTION OF PACEMAKER					1355.80*	1355.10*	1407.80*	1395.20*	52
53 PARTIAL COLECTOMY					1237.80*	1200.00	825.20*	876.70*	53
54 APPENDECTOMY	600.50*	600.50*	600.50*	600.50*	600.50*	600.50*	600.50*	600.50*	54
55 SIGMOIDOSCOPY					51.50*	35.00*	51.50*	30.90*	55

1984 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	09	10	11	12	09	10	11	12	
56 HEMORRHOIDECTOMY					494.80*	546.60*	361.10*	361.10*	56
57 CHOLECYSTECTOMY					990.10*	866.40*	825.20*	825.20*	57
58 REPAIR HERNIA					515.60*	515.60*	464.20*	494.80*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	70.00	74.90*	74.90*	74.90*	61.90*	51.50*	72.20*	72.20*	59
60 DILATION OF URETHRA					10.40*	20.00	25.00	20.00	60
61 PROSTATECTOMY - SUPRAPUBIC					928.20*	1134.50*	1031.50*	1031.50*	61
62 ELECTROSECTION-PROSTATE (TUR)	1030.40*	1029.30*	1143.70*	922.50*	875.60*	912.60*	896.50*	998.20*	62
63 HYSTERECTOMY					876.70*	1031.50*	825.20*	928.20*	63
64 INITIAL COMPLETE EYE EXAM					28.00	34.30*	32.00	19.30*	64
65 COMPREHENSIVE EYE EXAM					32.00	34.70	33.90*	22.00	65
66 EYE EXAM WITH TONOMETRY					35.00	24.00	25.00	20.00	66
67 EXTRACTION OF LENS	1000.50*	1000.50*	1000.50*	1000.00	825.20*	825.20*	979.90*	948.90*	67
68 CHEST X-RAY - SINGLE VIEW	25.00	20.70*	20.70*	20.00	30.90*	14.00	24.80*	12.00	68
69 CHEST X-RAY - TWO VIEWS	30.90*	30.90*	20.70*	30.90*	30.90*	30.90*	26.10*	30.90*	69
70 X-RAY SPINE					41.20*	51.50*	41.20*	50.00	70
71 X-RAY HIP					30.90*	30.90*	28.20*	30.90*	71
72 X-RAY UPPER GI TRACT	60.70*	62.10*	63.40*	73.00*	74.30*	72.20*	51.50*	61.90*	72
73 X-RAY COLON					72.20*	72.20*	57.40*	61.90*	73
74 RADIATION THERAPY-LOW VOLT	86.50	86.50	86.50	86.50	86.50	86.50	86.50	86.50	74
75 RADIATION THERAPY-SUPER VOLT	115.30	115.30	115.30	115.30	115.30	115.30	115.30	115.30	75
76 RADIATION THERAPY-MEGAVOLT					144.20	144.20	144.20	144.20	76
77 CAT SCAN - HEAD					371.50	351.30*	371.50	371.50	77
78 CAT SCAN - ABDOMEN					384.70*	351.30*	384.70*	395.00	78
79 THREE CHEMISTRY TESTS					18.00	20.00	25.00	24.00	79
80 NINETEEN CHEMISTRY TESTS					22.00	33.00	40.00	25.00	80
81 CULTURE - OTHER THAN BLOOD									81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT					10.00L	10.00L	10.00L	10.00L	83
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	10.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST					7.00L	7.00L	7.00L	7.00L	86
87 FLOCCULATION TEST					12.00	8.00	8.00	6.00	87
88 HEMATOCRIT					4.00L	4.00L	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)					10.00	11.50	11.00	8.00	89
90 POTASSIUM TEST - BLOOD					10.00	8.00	10.00	8.00	90
91 PROTHROMBIN TIME TEST					7.00L	7.00L	7.00L	7.00	91
92 SEDIMENTATION RATE					5.00L	5.00L	5.00L	5.00L	92
93 BLOOD SUGAR					7.00L	7.00L	7.00L	7.00L	93
94 BUN-UREA - NITROGEN					7.00L	7.00L	7.00L	7.00L	94
95 URIC ACID					7.00L	7.00L	7.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	6.00	5.00	5.00	96
97 PAP TEST					10.00	10.00L	10.00	9.50	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	5.00	98
99 CHEMICAL URINALYSIS					4.00	3.00	2.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS					27.00	18.25	25.00	20.00	100
101 ELEC MONITORING-PACEMAKER					38.60*	44.70*	31.30*	35.90*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1928.10*	1745.60*	1901.30*	1823.70*	102
103 KIDNEY TRANSPLANT					2274.40	2274.40	2274.40	2274.40	103
104 HOSPITAL BED - RENTAL					50.00L	50.00L	50.00L	50.00	104
105 WALKER - RENTAL					35.20	35.20	35.20	16.00	105
106 WHEELCHAIR - RENTAL					34.00L	33.50	24.00	34.00L	106
107 LIQUID OXYGEN - RENTAL					53.00	53.00	53.00	53.00	107
108 HOSPITAL BED - PURCHASE					470.14L	470.14L	470.14L	470.14L	108
109 WALKER - PURCHASE					66.00	66.00	66.00	65.20	109
110 WHEELCHAIR - PURCHASE					304.83L	304.83L	304.83L	304.83L	110

1984 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	13	14	15	16	13	14	15	16	
1 INITIAL BRIEF OFFICE VISIT					30.90*	25.00	30.00	20.70*	1
2 INITIAL LIMITED OFFICE VISIT	20.00	20.70*	25.00	30.00	30.90*	25.00	30.00	20.70*	2
3 INITIAL INTERMED OFFICE VISIT					40.00	25.00	48.00	51.00	3
4 INITIAL COMP OFFICE VISIT	35.00	15.00	30.90*	35.00	20.70*	75.00	65.00	69.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.10*	4.20*	17.40*	14.70*	8.20*	7.90*	8.20*	15.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	17.00	12.40*	20.00	20.00	16.00	17.00	17.90*	25.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	17.00	12.40*	20.00	20.00	16.00	17.00	17.90*	25.00	7
8 INTERMEDIATE F/U OFFICE VISIT	18.00	15.00	22.00	21.00	20.70*	18.00	25.00	28.00	8
9 EXTENDED F/U OFFICE VISIT	16.00	18.00	23.00	23.00	25.00	20.00	24.80*	30.00	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	32.00*	32.00*	25.00	32.00*	32.00*	32.00*	50.00	10
11 BRIEF FOLLOWUP HOME VISIT	25.00	25.00	31.60*	29.40*	30.00	30.00	35.00	35.00	11
12 LIMITED FOLLOWUP HOME VISIT					23.60*	24.90*	24.30*	30.90*	12
13 INTERMEDIATE F/U HOME VISIT	30.00	29.50*	31.50*	35.00	35.00	35.00	35.00	40.00	13
14 EXTENDED CARE FACILITY VISIT					20.40*	20.00*	22.75*	30.90*	14
15 BRIEF F/U NURSING HOME VISIT	16.40*	12.40*	24.80*	16.30*	14.40*	16.40*	24.80*	20.70*	15
16 INITIAL BRIEF HOSPITAL VISIT	51.50*	41.20*	51.50*	51.50*	41.20*	41.20*	61.90*	72.20*	16
17 INIT INTERMED HOSPITAL VISIT					60.00	65.90*	85.00	75.00	17
18 INITIAL COMP HOSPITAL VISIT	75.00	50.00	70.00	75.00	60.00	75.00	85.00	100.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.00	12.40*	20.70*	20.70*	20.70*	12.40*	20.70*	32.00	19
20 LIMITED F/U HOSPITAL VISIT	20.00	12.40*	20.70*	20.70*	20.70*	12.40*	20.70*	32.00	20
21 INTERMED F/U HOSPITAL VISIT	30.90*	18.00	30.00	30.00	30.00	25.00	35.00	35.00	21
22 EXTENDED F/U HOSPITAL VISIT					30.00	25.00	35.00	35.00	22
23 BRIEF EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	23
24 LIMITED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	24
25 INTERMED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	25
26 LIMITED CONSULTATION	19.10*	30.00	20.70*	18.00	61.90*	37.20*	72.20*	72.20*	26
27 EXTENSIVE CONSULTATION					61.90*	72.00	100.00	103.00*	27
28 COMPREHENSIVE CONSULTATION					61.90*	72.00	100.00	103.00*	28
29 PSYCHOTHERAPY-ONE HOUR					51.50*	63.80*	51.50*	70.00	29
30 PSYCHOTHERAPY-HALF HOUR					24.90*	40.00	36.00*	40.00	30
31 CHIROPRACTIC OFFICE VISIT					12.80*	12.80*	20.00	17.00*	31
32 INITIAL PHYSIOTHERAPY					26.90*	26.90*	34.90*	20.70*	32
33 F/U PODIATRIC OFFICE VISIT					12.40*	12.40*	19.00	20.00	33
34 ELECTROCARDIOGRAM (EKG)	30.90*	25.00	28.00	30.00	30.00	28.00	28.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	11.20*	11.20*	12.00	10.30*	10.70	10.40*	12.00	7.50	35
36 SPIROMETRY					25.90*	25.90*	30.90*	16.10*	36
37 ELECTROENCEPHALOGRAM (EEG)					31.50*	24.80*	30.90*	50.00	37
38 CHEMOTHERAPY					25.40*	25.10*	30.00	32.60*	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					18.70*	20.00	17.10*	17.90*	40
41 SKIN BIOPSY					51.50*	61.90*	51.50*	51.50*	41
42 CHEMOCAUTERY					60.00	60.00	38.20*	64.25*	42
43 RADICAL MASTECTOMY					515.60*	833.80*	1031.50*	1134.50*	43
44 OPEN REDUCTION OF FRACTURE					1031.50*	1155.20*	1340.80*	1547.10*	44
45 ARTHROCENTESIS-MAJOR JOINT	20.70*	18.50*	20.00	30.00	14.40*	12.40*	20.00	30.00	45
46 CORONARY ARTERY BYPASS					3849.70*	3917.30*	4600.00	4600.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					2501.30*	1755.70*	2062.60*	2364.70*	47
48 NEEDLE PUNCTURE OF BURSA					30.90*	20.70*	30.90*	35.00	48
49 BRONCHOSCOPY					206.30*	185.60*	288.90*	257.90*	49
50 THORACENTESIS					51.50*	72.20*	103.30*	103.00*	50
51 CATHETERIZATION OF HEART					450.00	450.00	450.00	400.00	51
52 INSERTION OF PACEMAKER					1375.30*	1382.10*	1308.50*	1500.00	52
53 PARTIAL COLECTOMY					1237.80*	928.20*	1392.40*	1547.10*	53
54 APPENDECTOMY	600.50*	600.50*	600.50*	605.00*	600.50*	600.50*	600.50*	605.00*	54
55 SIGMOIDOSCOPY					50.00	41.20*	51.50*	49.00*	55

1984 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION
LOCALITY DESIGNATION FOR GENERAL PRACTICE

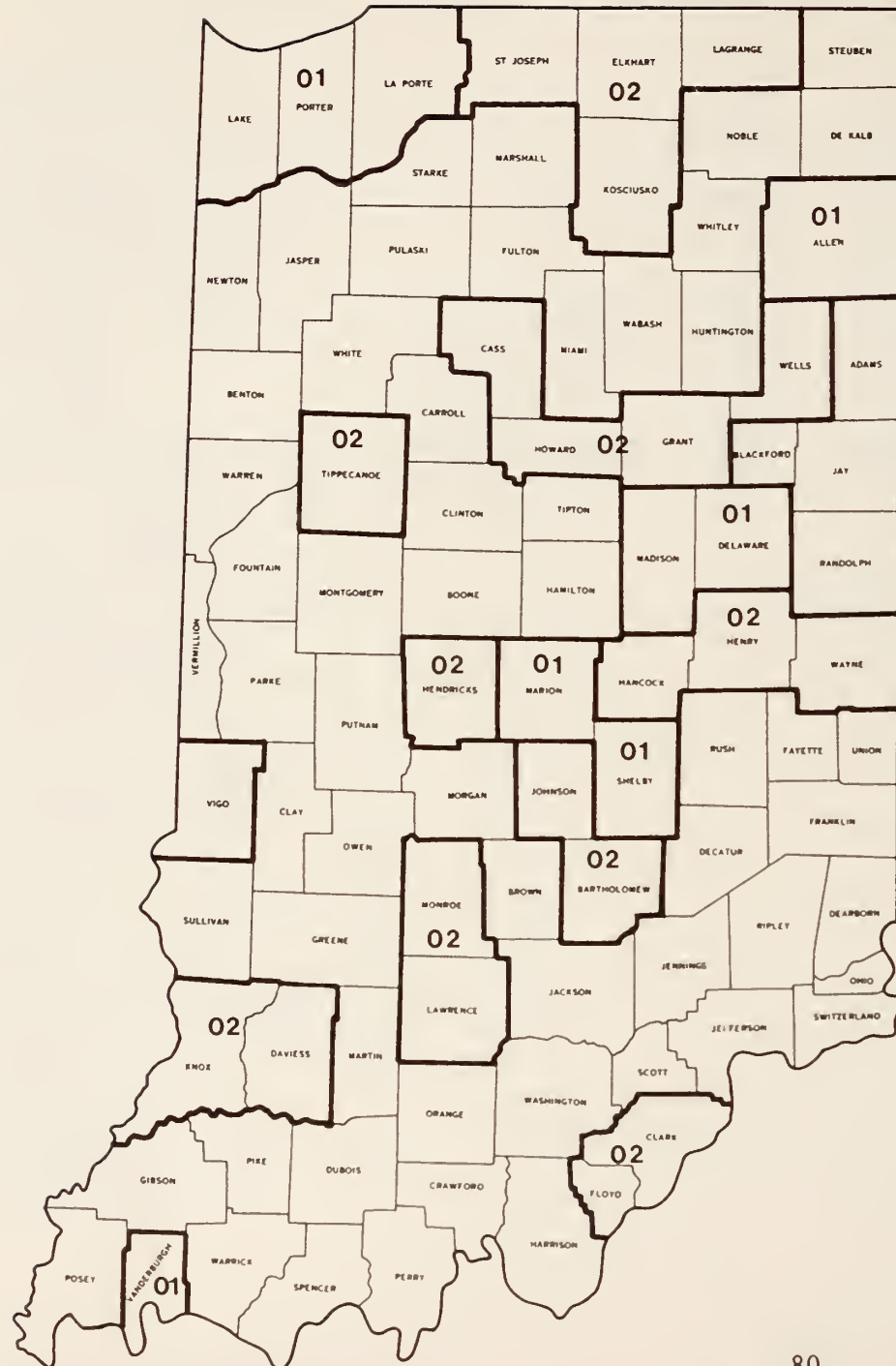
ILLINOIS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	13	14	15	16	13	14	15	16	
56 HEMORRHOIDECTOMY					361.10*	371.40*	515.60*	618.90*	56
57 CHOLECYSTECTOMY					825.20*	804.50*	1031.50*	1031.50*	57
58 REPAIR HERNIA					515.60*	412.60*	618.90*	618.90*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	74.90*	74.90*	74.90*	82.60*	72.20*	61.90*	103.30*	125.00	59
60 DILATION OF URETHRA					20.00	12.40*	18.00	24.80*	60
61 PROSTATECTOMY - SUPRAPUBIC					825.20*	1041.70*	1155.20*	1300.00	61
62 ELECTROSECTION-PROSTATE (TUR)	1372.70*	1027.20*	1450.60*	1031.70*	985.00	804.50*	982.00*	1186.00*	62
63 HYSTERECTOMY					825.20*	990.10*	1186.00*	1237.80*	63
64 INITIAL COMPLETE EYE EXAM					25.00*	23.10*	40.00	41.20*	64
65 COMPREHENSIVE EYE EXAM					23.50*	23.30	33.30	35.00	65
66 EYE EXAM WITH TONOMETRY					24.00	24.00	22.00	19.70*	66
67 EXTRACTION OF LENS	1000.50*	1000.50*	1000.50*	1237.80*	928.20*	825.20*	1134.50*	1237.80*	67
68 CHEST X-RAY - SINGLE VIEW	20.70*	25.00	38.00	27.40*	25.00	25.00	30.00	25.00	68
69 CHEST X-RAY - TWO VIEWS	20.70*	30.90*	32.90*	32.90*	41.20*	37.20*	37.20*	37.00	69
70 X-RAY SPINE					45.40*	54.50*	51.50*	72.00	70
71 X-RAY HIP					32.90*	39.20*	30.90*	41.20*	71
72 X-RAY UPPER GI TRACT	52.40*	72.20*	61.90*	72.20*	61.90*	93.00	61.90*	90.00	72
73 X-RAY COLON					61.90*	89.00	61.90*	72.20*	73
74 RADIATION THERAPY-LOW VOLT	86.50	86.50	86.50	86.50	86.50	86.50	86.50	86.50	74
75 RADIATION THERAPY-SUPER VOLT	115.30	115.30	115.30	115.30	115.30	115.30	115.30	115.30	75
76 RADIATION THERAPY-MEGAVOLT					144.20	144.20	144.20	144.20	76
77 CAT SCAN - HEAD					371.50	371.50	333.20*	435.00	77
78 CAT SCAN - ABDOMEN					384.70*	384.70*	333.20*	395.00	78
79 THREE CHEMISTRY TESTS					27.00	30.00	25.00	25.00	79
80 NINETEEN CHEMISTRY TESTS					30.00	40.00	31.00	35.00	80
81 CULTURE - OTHER THAN BLOOD									81
82 HEMOGLOBIN					3.00L	3.00	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT					10.00L	10.00L	10.00L	10.00L	83
84 WHITE CELL COUNT					3.75	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	10.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST					7.00L	7.00L	7.00L	7.00L	86
87 FLOCCULATION TEST					8.00	8.00	8.00	8.00	87
88 HEMATOCRIT					4.00L	4.00L	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)					10.00	11.00	10.00	10.00	89
90 POTASSIUM TEST - BLOOD					9.00	13.00	10.00	10.00	90
91 PROTHROMBIN TIME TEST					7.00L	7.00L	7.00L	7.00L	91
92 SEDIMENTATION RATE					5.00L	5.00L	5.00L	5.00L	92
93 BLOOD SUGAR					7.00L	7.00L	7.00L	7.00L	93
94 BUN-UREA - NITROGEN					7.00L	7.00L	7.00L	7.00L	94
95 URIC ACID					7.00L	7.00L	7.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	5.00	8.00	7.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS					7.50	3.00	5.00	7.00	99
100 PATHOLOGY - THREE SPECIMENS					30.00	36.00	25.50	25.00	100
101 ELEC MONITORING-PACEMAKER					31.30*	31.30*	30.00	50.00	101
102 DONOR NEPHRECTOMY-UNILATERAL					1884.80*	1894.60*	1515.80*	1600.20*	102
103 KIDNEY TRANSPLANT					2274.40	2274.40	2274.40	2274.40	103
104 HOSPITAL BED - RENTAL					50.00L	50.00L	50.00L	50.00L	104
105 WALKER - RENTAL					35.20	35.20	18.00	38.00	105
106 WHEELCHAIR - RENTAL					34.00L	34.00L	34.00L	34.00L	106
107 LIQUID OXYGEN - RENTAL					53.00	53.00	53.00	65.00	107
108 HOSPITAL BED - PURCHASE					470.14L	470.14L	470.14L	470.14L	108
109 WALKER - PURCHASE					66.00	66.00	60.47	66.00	109
110 WHEELCHAIR - PURCHASE					304.83L	304.83L	304.83L	304.83L	110

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INDIANA

INDIANA



Three Localities:

- 01 - Metropolitan
- 02 - Urban
- 03 - Rural

(For more locality information see Appendix A)

1984 PREVAILING CHARGE SUMMARY DATA MUTUAL MEDICAL INSURANCE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

INDIANA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	REG 01	REG 02	REG 03	REG 01	REG 02	REG 03	
1 INITIAL BRIEF OFFICE VISIT				20.60*	16.50*	14.40*	1
2 INITIAL LIMITED OFFICE VISIT	22.70*	19.00	18.00	20.60*	20.00	18.60*	2
3 INITIAL INTERMED OFFICE VISIT				30.90*	30.00	20.60*	3
4 INITIAL COMP OFFICE VISIT	35.00	40.00	30.00	72.20*	60.00	61.90*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	16.50*	14.40*	12.40*	16.50*	16.50*	12.40*	5
6 BRIEF FOLLOWUP OFFICE VISIT	16.50*	14.40*	12.40*	16.50*	14.40*	14.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	22.70*	19.00	18.00	20.60*	20.00	18.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	22.70*	19.00	18.00	24.75*	20.00	18.60*	8
9 EXTENDED F/U OFFICE VISIT	22.70*	19.00	18.00	20.60*	20.00	18.60*	9
10 COMP FOLLOWUP OFFICE VISIT	35.00	40.00	30.00	72.20*	60.00	61.90*	10
11 BRIEF FOLLOWUP HOME VISIT	24.75*	24.75*	20.60*	24.75*	24.75*	20.60*	11
12 LIMITED FOLLOWUP HOME VISIT				26.80*	26.00	22.50	12
13 INTERMDIATE F/U HOME VISIT	30.00	24.75*	20.00	26.80*	26.00	25.00	13
14 EXTENDED CARE FACILITY VISIT				30.00	24.75*	20.60*	14
15 BRIEF F/U NURSING HOME VISIT	20.00	20.00	20.00	24.75*	20.00	20.00	15
16 INITIAL BRIEF HOSPITAL VISIT	72.20*	50.00	50.00	82.50*	75.00	72.20*	16
17 INIT INTERMED HOSPITAL VISIT				82.50*	72.20*	72.20*	17
18 INITIAL COMP HOSPITAL VISIT	72.20*	50.00	50.00	85.00	72.20*	60.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.50*	14.40*	12.40*	20.60*	14.40*	14.40*	19
20 LIMITED F/U HOSPITAL VISIT	16.50*	14.40*	12.40*	20.60*	14.40*	12.40*	20
21 INTERMED F/U HOSPITAL VISIT	20.60*	30.90*	20.60*	30.90*	30.90*	35.00	21
22 EXTENDED F/U HOSPITAL VISIT							22
23 BRIEF EMERGENCY ROOM VISIT				20.60*	16.50*	14.40*	23
24 LIMITED EMERGENCY ROOM VISIT				30.90*	20.60*	20.60*	24
25 INTERMED EMERGENCY ROOM VISIT				59.60*	35.00	40.00	25
26 LIMITED CONSULTATION	16.30*	15.00	25.80*	51.60*	41.30*	30.90*	26
27 EXTENSIVE CONSULTATION				90.00	72.20*	51.60*	27
28 COMPREHENSIVE CONSULTATION				95.00	74.30*	73.40*	28
29 PSYCHOTHERAPY-ONE HOUR				58.60*	61.90*	61.10	29
30 PSYCHOTHERAPY-HALF HOUR				37.10*	38.00	30.90*	30
31 CHIROPRACTIC OFFICE VISIT				16.00	15.00	14.00	31
32 INITIAL PHYSIOTHERAPY				12.40*	12.40*	20.60*	32
33 F/U PODIATRIC OFFICE VISIT				16.50*	16.50*	18.60*	33
34 ELECTROCARDIOGRAM (EKG)				30.00 P	30.00 P	30.00 P	34
35 EKG-INTERPRET AND REPORT ONLY	15.00 P	16.50*P	16.50*P	16.50*P	15.00 P	15.00 P	35
36 SPIROMETRY				10.30*	10.30*	10.30*	36
37 ELECTROENCEPHALOGRAM (EEG)				60.00 P	72.20*P	69.00 P	37
38 CHEMOTHERAPY				23.00	20.00	20.00	38
39 COLLECTION OF SPECIMENS				9.00	6.00	8.00	39
40 DEBRIDEMENT OF NAILS				20.00	20.00	16.70*	40
41 SKIN BIOPSY				40.00	40.00	35.00	41
42 CHEMOCAUTERY				31.40*	30.70*	36.90*	42
43 RADICAL MASTECTOMY				722.10*	722.10*	722.10*	43
44 OPEN REDUCTION OF FRACTURE				1031.50*	928.40*	1031.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	38.00	30.90*	20.00	30.75	30.00	25.00	45
46 CORONARY ARTERY BYPASS				4144.40*	4144.40*	4144.40*	46
47 TOTAL ARTIFICIAL HIP REPLACE				2475.60*	2063.00*	2063.00*	47
48 NEEDLE PUNCTURE OF BURSA							48
49 BRONCHOSCOPY				206.30*	154.70*	175.40*	49
50 THORACENTESIS				51.60*	51.60*	51.60*	50
51 CATHETERIZATION OF HEART				417.75*	501.30*	501.30*	51
52 INSERTION OF PACEMAKER				1072.80*	1031.50*	949.00*	52
53 PARTIAL COLECTOMY				1031.50*	928.40*	825.20*	53
54 APPENDECTOMY				515.75*	412.60*	361.00*	54
55 SIGMOIDOSCOPY				50.00	41.30*	51.60*	55

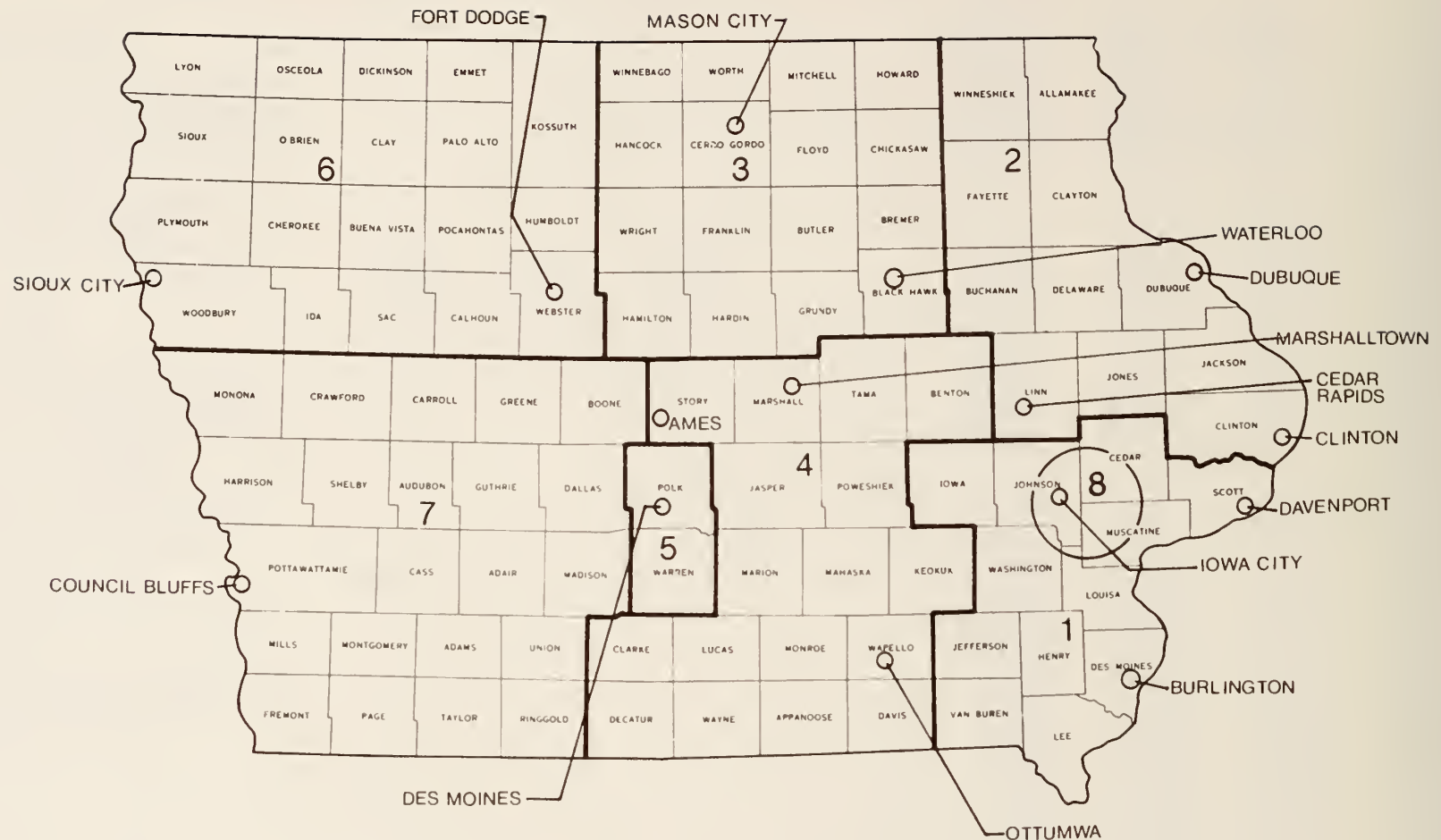
1984 PREVAILING CHARGE SUMMARY DATA MUTUAL MEDICAL INSURANCE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

INDIANA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	REG 01	REG 02	REG 03	REG 01	REG 02	REG 03	
56 HEMORRHOIDECTOMY				515.75*	412.60*	464.20*	56
57 CHOLECYSTECTOMY				825.20*	722.10*	618.90*	57
58 REPAIR HERNIA				515.75*	412.60*	412.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY				72.20*	82.50*	72.20*	59
60 DILATION OF URETHRA				20.60*	20.00	20.60*	60
61 PROSTATECTOMY - SUPRAPUBIC				1155.30*	835.50*	1031.50*	61
62 ELECTROSECTION-PROSTATE (TUR)				1134.70*	990.20*	1093.40*	62
63 HYSTERECTOMY				1043.10*	928.40*	928.40*	63
64 INITIAL COMPLETE EYE EXAM				36.00	30.90*	35.00	64
65 COMPREHENSIVE EYE EXAM							65
66 EYE EXAM WITH TONOMETRY							66
67 EXTRACTION OF LENS				1031.50*	825.20*	876.80*	67
68 CHEST X-RAY - SINGLE VIEW	30.90*P	20.60*P	20.60*P	28.00	29.00 P	20.60*P	68
69 CHEST X-RAY - TWO VIEWS	30.90*P	30.90*P	30.90*P	30.90*P	30.90*	30.90*P	69
70 X-RAY SPINE				43.75	43.00 P	45.40*P	70
71 X-RAY HIP				30.90	30.00	25.80*P	71
72 X-RAY UPPER GI TRACT	61.90*P	61.90*P	51.60*P	72.20*P	61.90*P	51.60*	72
73 X-RAY COLON				61.90*	61.90*	51.60*	73
74 RADIATION THERAPY-LOW VOLT				30.90*	22.00	18.60*	74
75 RADIATION THERAPY-SUPER VOLT				26.80*	22.00	18.60*	75
76 RADIATION THERAPY-MEGAVOLT				20.00	22.00	22.00	76
77 CAT SCAN - HEAD				260.00	93.50 P	260.00 P	77
78 CAT SCAN - ABDOMEN				127.00	127.00 P	127.00 P	78
79 THREE CHEMISTRY TESTS							79
80 NINETEEN CHEMISTRY TESTS							80
81 CULTURE - OTHER THAN BLOOD				20.00 P	14.00 P	12.00 P	81
82 HEMOGLOBIN				6.00 P	6.00 P	5.00 P	82
83 AUTOMATED BLOOD COUNT				13.00	12.00	11.00	83
84 WHITE CELL COUNT				3.75LP	3.75LP	3.75LP	84
85 COMPLETE BLOOD COUNT (CBC)				9.50LP	9.50LP	9.50LP	85
86 CHOLESTEROL TEST				6.00LP	6.00LP	6.00LP	86
87 FLOCCULATION TEST				10.00 P	6.00 P	9.00 P	87
88 HEMATOCRIT				3.20LP	3.20LP	3.20LP	88
89 PLATELET COUNT (REES-ECKER)				10.00 P	10.00 P	10.50 P	89
90 POTASSIUM TEST - BLOOD				10.00 P	8.90 P	13.00 P	90
91 PROTHROMBIN TIME TEST				6.50LP	6.50LP	6.50LP	91
92 SEDIMENTATION RATE				5.00LP	5.00LP	5.00LP	92
93 BLOOD SUGAR				6.00LP	6.00LP	6.00LP	93
94 BUN-UREA - NITROGEN				6.90LP	6.90LP	6.90LP	94
95 URIC ACID				7.75LP	7.75LP	7.75LP	95
96 FECES-OCCULT BLOOD-SCREENING				5.00 P	6.00 P	6.00 P	96
97 PAP TEST				8.25LP	8.25 P	8.25LP	97
98 ROUTINE URINALYSIS				5.00LP	5.00LP	5.00LP	98
99 CHEMICAL URINALYSIS				7.00	6.50	7.00	99
100 PATHOLOGY - THREE SPECIMENS				30.00 P	30.00 P	30.00 P	100
101 ELEC MONITORING-PACEMAKER				20.00 P	25.00 P	25.50 P	101
102 DONOR NEPHRECTOMY-UNILATERAL							102
103 KIDNEY TRANSPLANT				2500.00	2470.90*	2162.60*	103
104 HOSPITAL BED - RENTAL				50.00L	50.00L	50.00L	104
105 WALKER - RENTAL				14.00	13.50	20.00	105
106 WHEELCHAIR - RENTAL				25.00L	25.00L	25.00L	106
107 LIQUID OXYGEN - RENTAL							107
108 HOSPITAL BED - PURCHASE				397.50L	397.50L	397.50L	108
109 WALKER - PURCHASE				61.20	57.50	72.00	109
110 WHEELCHAIR - PURCHASE				298.00L	298.00L	298.00L	110

IOWA

IOWA



Eight Localities:

- 01 - Lee, Van Buren, Des Moines, Henry, Jefferson, Louisa, Washington, Muscatine, Johnson (excluding Iowa City), Iowa, Edar & Scott Counties
- 02 - Clinton, Jackson, Jones, Linn, Buchanan, Delaward, Dubuque, Clayton, Fayette, alamakee & Winneshiek Counties
- 03 - Black Hawk, Grundy, Hardin, Hamilton, Wright, Cerro Gordo, Floyd, Chickasaw, Howard, Mitchell, Worth, Winnebago, Hancock, Franklin, Butler & Brenner
- 04 - Denton, Tanna, Marshall, Story, Casper, Paweshiek, Keokuk, Mahaska, Marion, Wapello, Monroe, Lucas, Clarke, Davis Appanoose, Decatur Counties

05 - Polk & Warren Counties

- 06 - Kossuth, Humboldt, Webster, Calhoun, Pocahontas, Palo Alto, Emmet, Dickinson, Bueno Vista, Clay, Sac, Ida, Woodbury, Cherokee, Plymouth, O'Brien, Souix, Lyon & Osaelola Counties

- 07 - Monora, Crawford, Carroll, Greene, Boone, Harrison, Shelby, Audubon, Guthrie, Dallas, Madison, Adair, Cass, Pottawattamie, Mills, Montgomery, Adams, Union, Fremont, Page, Taylor, & Ringold Counties

- 08 - Iowa City (Includes the University of Iowa hospital. The city limits are the boundaries of the locality.)

1984 PREVAILING CHARGE SUMMARY DATA B/S OF IOWA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

IOWA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT					16.50*	12.40*	15.50*	14.40*	1
2 INITIAL LIMITED OFFICE VISIT	12.40*	12.40*	12.40*	10.30*	16.50*	12.40*	15.50*	14.40*	2
3 INITIAL INTERMED OFFICE VISIT					43.20*	39.00*	48.00*	45.00*	3
4 INITIAL COMP OFFICE VISIT	52.40*	41.30*	30.90*	35.00	51.60*	75.00	41.30*	60.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.20*	6.20*	8.25*	8.00	8.25*	8.25*	7.00	8.25*	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.40*	12.40*	12.40*	10.30*	16.00	12.40*	15.50*	10.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	12.40*	12.40*	12.40*	10.30*	16.50*	12.40*	15.50*	14.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	12.40*	12.40*	12.40*	10.30*	16.50*	12.40*	15.50*	14.40*	8
9 EXTENDED F/U OFFICE VISIT	25.00	20.60*	20.60*	20.00	35.00	16.50*	20.60*	30.90*	9
10 COMP FOLLOWUP OFFICE VISIT	30.90*	30.90*	30.90*	30.90*	40.00	72.20*	41.30*	51.60*	10
11 BRIEF FOLLOWUP HOME VISIT	20.60*	20.60*	20.60*	20.60*	20.60*	20.60*	20.60*	20.60*	11
12 LIMITED FOLLOWUP HOME VISIT					20.60*	20.60*	18.60*	20.00	12
13 INTERMDIATE F/U HOME VISIT	28.75*	29.25*	29.25*	28.75*	29.50*	30.00*	29.50*	29.00*	13
14 EXTENDED CARE FACILITY VISIT					14.40*	12.40*	12.40*	12.40*	14
15 BRIEF F/U NURSING HOME VISIT	12.40*	12.40*	12.40*	10.30*	16.50*	12.40*	15.50*	14.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	20.70*	21.06*	21.06*	20.70*	25.92	23.40	28.80*	27.00*	16
17 INIT INTERMED HOSPITAL VISIT					61.90*	60.00	50.00	51.60*	17
18 INITIAL COMP HOSPITAL VISIT	30.90*	41.30*	41.30*	39.20*	61.90*	82.50*	61.90*	51.60*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.40*	12.40*	12.40*	14.40*	14.40*	16.50*	16.50*	16.50*	19
20 LIMITED F/U HOSPITAL VISIT	12.40*	12.40*	14.40*	14.40*	14.40*	16.50*	16.50*	16.50*	20
21 INTERMED F/U HOSPITAL VISIT	20.70*	21.06*	21.06*	20.70*	25.92*	23.40*	28.80*	27.00*	21
22 EXTENDED F/U HOSPITAL VISIT					20.60*	18.60*	20.60*	20.60*	22
23 BRIEF EMERGENCY ROOM VISIT					16.50*	17.70*	17.90*	17.50*	23
24 LIMITED EMERGENCY ROOM VISIT					27.00*	28.90*	29.30*	28.70*	24
25 INTERMED EMERGENCY ROOM VISIT					43.20*	39.00	48.00*	45.00	25
26 LIMITED CONSULTATION	40.00	50.00	30.00	40.00	51.60*	55.00	60.00	38.00	26
27 EXTENSIVE CONSULTATION					75.00	65.00	75.00*	75.00	27
28 COMPREHENSIVE CONSULTATION					82.50*	90.00	82.50*	61.90*	28
29 PSYCHOTHERAPY-ONE HOUR					82.50*	82.40	74.40*	74.40*	29
30 PSYCHOTHERAPY-HALF HOUR					41.20*	41.20	37.20*	37.20*	30
31 CHIROPRACTIC OFFICE VISIT					14.40*	14.00	13.00	14.00	31
32 INITIAL PHYSIOTHERAPY									32
33 F/U PODIATRIC OFFICE VISIT					14.40*	14.40*	16.50*	14.40*	33
34 ELECTROCARDIOGRAM (EKG)	30.00	30.00	30.00	30.00	25.00	30.00	30.00	30.90*	34
35 EKG-INTERPRET AND REPORT ONLY	12.40*	10.00	12.40*	12.40*	10.00	12.40*	10.00	12.40*	35
36 SPIROMETRY					28.82*	29.26*	35.20*	33.00*	36
37 ELECTROENCEPHALOGRAM (EEG)					72.20*	72.20*	72.20*	72.20*	37
38 CHEMOTHERAPY					22.90*	16.70*		25.00*	38
39 COLLECTION OF SPECIMENS					7.50*	4.50*	8.00	5.60*	39
40 DEBRIDEMENT OF NAILS					18.60*	18.60*	18.60*	18.60*	40
41 SKIN BIOPSY					37.10*	37.10*	37.10*	37.10*	41
42 CHEMOCAUTERY					6.60	6.60	6.20	5.95	42
43 RADICAL MASTECTOMY					722.10	773.60	825.20	825.20*	43
44 OPEN REDUCTION OF FRACTURE					866.50*	1031.50*	825.20*	990.20*	44
45 ARTHROCENTESIS-MAJOR JOINT	32.00*	32.00*	32.00*	32.00*	32.00*	41.30*	32.00*	24.00	45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					2063.00*	2063.00*	2063.00*	2063.00*	47
48 NEEDLE PUNCTURE OF BURSA					34.00*	15.00	30.00	32.00*	48
49 BRONCHOSCOPY					206.30*	206.30*	175.40*	154.70*	49
50 THORACENTESIS					72.20*	72.20*	51.60*	41.30*	50
51 CATHERIZATION OF HEART									51
52 INSERTION OF PACEMAKER					1138.80*	1122.30*	1105.80*	1171.80*	52
53 PARTIAL COLECTOMY					1031.50*	1100.00	1031.50*	722.10*	53
54 APPENDECTOMY	464.20*	371.30*	361.00*	412.60*	412.60*	464.20*	412.60*	412.60*	54
55 SIGMOIDOSCOPY					51.60*	41.30*	30.90*	30.90*	55

1984 PREVAILING CHARGE SUMMARY DATA B/S OF IOWA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

IOWA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIDECTOMY					361.00*	361.00*	400.00	361.00*	56
57 CHOLECYSTECTOMY					722.10*	722.10*	722.10*	618.90*	57
58 REPAIR HERNIA					412.60*	500.00	412.60*	412.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					61.90*	61.90*	95.00	51.60*	59
60 DILATION OF URETHRA					28.00*	30.00*	26.00*	30.00*	60
61 PROSTATECTOMY - SUPRAPUBIC					825.20*	825.20*	825.20*	825.20*	61
62 ELECTROSECTION-PROSTATE (TUR)					825.20*	825.20*	928.40*	825.20*	62
63 HYSTERECTOMY					773.60*	804.60*	722.10*	825.20*	63
64 INITIAL COMPLETE EYE EXAM					33.00*	29.70*	33.00	20.60*	64
65 COMPREHENSIVE EYE EXAM					33.00*	29.70*	35.10*	20.60*	65
66 EYE EXAM WITH TONOMETRY					12.00*	12.00*	12.00*	12.00*	66
67 EXTRACTION OF LENS					876.80*	928.40*	825.20*	825.20*	67
68 CHEST X-RAY - SINGLE VIEW	30.00	24.75*	20.60*	30.90*	24.75*	26.00	25.80*	27.00	68
69 CHEST X-RAY - TWO VIEWS	30.90*	30.90*	34.00	30.90*	37.10*	30.90*	30.90*	30.90*	69
70 X-RAY SPINE					67.80*	62.40*	62.40*	63.00*	70
71 X-RAY HIP					30.90*	30.90*	30.90*	30.90*	71
72 X-RAY UPPER GI TRACT	65.00*	61.90*	41.30*	61.90*	61.90*	72.20*	61.90*	50.00	72
73 X-RAY COLON					51.60*	65.00	35.00*	55.00	73
74 RADIATION THERAPY-LOW VOLT									74
75 RADIATION THERAPY-SUPER VOLT					24.75*	24.75*	24.75*	24.75*	75
76 RADIATION THERAPY-MEGAVOLT					37.10*	37.10*	35.10*	25.20*	76
77 CAT SCAN - HEAD					345.00	345.00*	345.00*	345.00	77
78 CAT SCAN - ABDOMEN					345.00	345.00	345.00	345.00	78
79 THREE CHEMISTRY TESTS					27.00	20.10	15.00	20.00	79
80 NINETEEN CHEMISTRY TESTS					22.00	26.00	28.00	27.00	80
81 CULTURE - OTHER THAN BLOOD					9.00	14.00	8.00	7.00	81
82 HEMOGLOBIN					3.00L	4.00L	3.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					15.00	16.10	10.00	13.00	83
84 WHITE CELL COUNT					3.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					15.00	16.10	14.00	16.00	85
86 CHOLESTEROL TEST					7.00L	7.50L	6.00L	7.00L	86
87 FLOCCULATION TEST					10.00	5.00	8.00	10.00	87
88 HEMATOCRIT					4.00L	4.00L	3.50L	4.00L	88
89 PLATELET COUNT (REES-ECKER)					8.00	10.00	10.00	8.50	89
90 POTASSIUM TEST - BLOOD					9.50	10.00	10.00	11.00	90
91 PROTHROMBIN TIME TEST					7.00L	6.50L	6.00L	7.00L	91
92 SEDIMENTATION RATE					4.00L	5.00L	5.00L	6.00L	92
93 BLOOD SUGAR					7.00L	7.00L	6.25L	7.00L	93
94 BUN-UREA - NITROGEN					10.00	7.50L	4.10L	9.00L	94
95 URIC ACID					8.00L	7.00L	7.00L	8.50L	95
96 FECES-OCCULT BLOOD-SCREENING					5.00	5.00	4.00	5.00	96
97 PAP TEST					7.50L	7.50L	6.00L	8.00L	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS					5.50L	4.00L	5.00L	3.00L	99
100 PATHOLOGY - THREE SPECIMENS					64.80*	63.00	63.00	63.60*	100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					47.00	47.00	47.00	47.00	104
105 WALKER - RENTAL					8.50	5.50	8.00	8.00	105
106 WHEELCHAIR - RENTAL					30.00L	20.00L	22.00L	35.00	106
107 LIQUID OXYGEN - RENTAL									107
108 HOSPITAL BED - PURCHASE									108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE									110

1984 PREVAILING CHARGE SUMMARY DATA B/S OF IOWA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

IOWA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	07	08	05	06	07	08	
1 INITIAL BRIEF OFFICE VISIT					15.50*	16.50*	17.50*	30.90*	1
2 INITIAL LIMITED OFFICE VISIT	14.40*	12.40*	12.40*	20.00	15.50*	16.50*	17.50*	25.00	2
3 INITIAL INTERMED OFFICE VISIT					47.70*	39.60*	56.10*	43.20*	3
4 INITIAL COMP OFFICE VISIT	41.30*	51.60*	30.90*	41.30*	57.80*	72.20*	72.20*	100.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.25*	8.25*	7.50	10.30*	10.30*	8.25*	10.30*	12.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.40*	12.40*	12.40*	17.00	15.50*	16.50*	17.50*	30.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	14.40*	12.40*	12.40*	15.00	15.50*	16.50*	17.50*	30.90*	7
8 INTERMEDIATE F/U OFFICE VISIT	14.40*	12.40*	12.40*	17.00	15.50*	16.50*	17.50*	30.90*	8
9 EXTENDED F/U OFFICE VISIT	24.75*	20.00	19.00	20.60*	24.75*	20.60*	20.60*	20.60*	9
10 COMP FOLLOWUP OFFICE VISIT	33.00*	30.90*	25.00	37.10*	53.60*	50.00	72.00	61.90*	10
11 BRIEF FOLLOWUP HOME VISIT	20.60*	20.60*	20.60*	11.20*	20.60*	20.60*	20.60*	11.20*	11
12 LIMITED FOLLOWUP HOME VISIT					20.60*	16.50*	32.25*	20.60*	12
13 INTERMEDIATE F/U HOME VISIT	33.50*	31.50*	31.25	20.60*	34.50*	31.25*	20.60*	34.50*	13
14 EXTENDED CARE FACILITY VISIT					14.40*	12.40*	12.40*	20.00	14
15 BRIEF F/U NURSING HOME VISIT	14.40*	12.40*	12.40*	18.00	15.50*	15.00	14.00	22.00	15
16 INITIAL BRIEF HOSPITAL VISIT	24.12	22.68*	22.50*	50.00	28.62	23.76	34.00	26.00	16
17 INIT INTERMED HOSPITAL VISIT					72.20*	72.00	72.00	72.00	17
18 INITIAL COMP HOSPITAL VISIT	51.60*	41.30*	41.30*	55.00	72.20*	72.20*	72.20*	140.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.40*	14.40*	14.40*	18.60*	16.50*	14.40*	20.00	18.60*	19
20 LIMITED F/U HOSPITAL VISIT	14.40*	14.40*	14.40*	18.60*	16.50*	14.40*	20.60*	18.60*	20
21 INTERMED F/U HOSPITAL VISIT	24.12*	22.68*	22.50*	18.60*	28.62*	23.76*	34.00*	26.00*	21
22 EXTENDED F/U HOSPITAL VISIT					30.00	16.50*	30.90*	20.60*	22
23 BRIEF EMERGENCY ROOM VISIT					18.40*	16.70*	21.90*	24.30*	23
24 LIMITED EMERGENCY ROOM VISIT					30.10*	27.40*	32.00	35.00	24
25 INTERMED EMERGENCY ROOM VISIT					47.70*	39.60	56.00	43.20	25
26 LIMITED CONSULTATION	30.00	32.00*	40.00	40.00	50.00	55.00	51.60*	55.00	26
27 EXTENSIVE CONSULTATION					90.00	80.00	70.00	75.00	27
28 COMPREHENSIVE CONSULTATION					103.20*	95.00	82.50*	103.20*	28
29 PSYCHOTHERAPY-ONE HOUR					73.20*	70.80	90.80*		29
30 PSYCHOTHERAPY-HALF HOUR					36.60*	35.40	30.00*		30
31 CHIROPRACTIC OFFICE VISIT					14.40*	14.40*	13.00	14.00	31
32 INITIAL PHYSIOTHERAPY									32
33 F/U PODIATRIC OFFICE VISIT					18.60*	14.40*	14.40*	16.50*	33
34 ELECTROCARDIOGRAM (EKG)	30.00	30.00	30.00	30.00	30.90*	28.00	30.90*	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	12.40*	12.40*	12.40*	12.40*	10.00	10.00	12.40*	10.00	35
36 SPIROMETRY					35.00*	29.92*	29.25*	36.00*	36
37 ELECTROENCEPHALOGRAM (EEG)					72.20*	72.20*	72.20*	72.20*	37
38 CHEMOTHERAPY					28.70*	13.90*		30.10*	38
39 COLLECTION OF SPECIMENS					5.00	5.00	6.20*	6.00*	39
40 DEBRIDEMENT OF NAILS					18.60*	18.60*	18.60*	18.60*	40
41 SKIN BIOPSY					37.10*	37.10*	37.10*	37.10*	41
42 CHEMOCAUTERY					6.95	6.95	6.50	7.00	42
43 RADICAL MASTECTOMY					825.20*	825.50	894.00	825.20*	43
44 OPEN REDUCTION OF FRACTURE					825.20*	1031.50*	1031.50*	990.20*	44
45 ARTHROCENTESIS-MAJOR JOINT	32.00*	25.00	26.00	32.00*	32.00*	32.00*	30.90	32.00*	45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					2063.00*	1959.90*	2063.00*	2063.00*	47
48 NEEDLE PUNCTURE OF BURSA					35.00	25.00	32.00*	32.00*	48
49 BRONCHOSCOPY					286.75*	154.70*	206.30*	206.30*	49
50 THORACENTESIS					51.60*	51.60*	51.60*	51.60*	50
51 CATHETERIZATION OF HEART									51
52 INSERTION OF PACEMAKER					1171.80*	1171.80*	1171.80*	1336.80*	52
53 PARTIAL COLECTOMY					1134.70*	1080.00	1031.50*	1320.30*	53
54 APPENDECTOMY	412.60*	412.60*	412.60*	412.60*	431.20*	464.20*	500.00	412.60*	54
55 SIGMOIDOSCOPY					51.60*	45.00	48.00	50.00	55

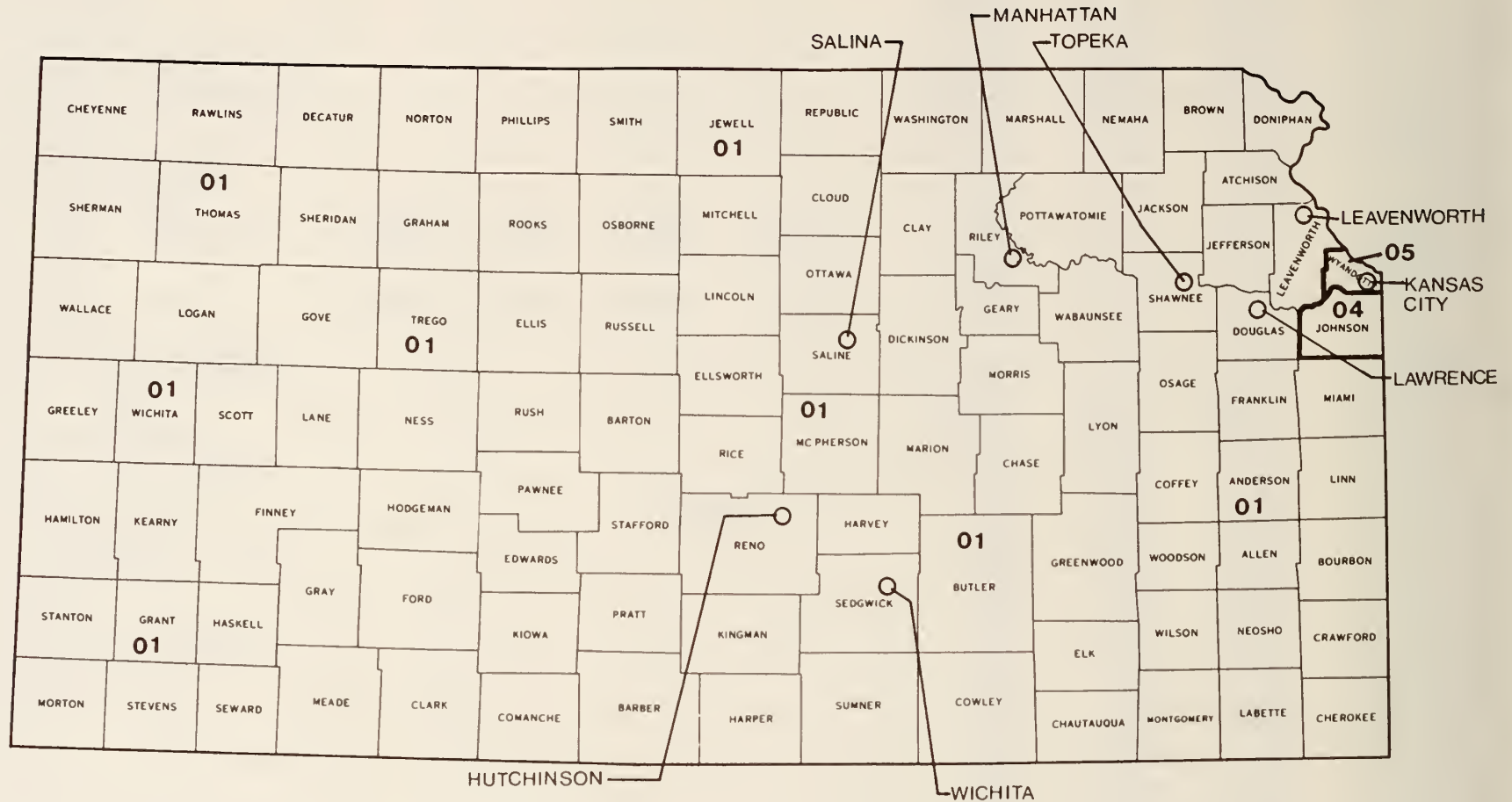
1984 PREVAILING CHARGE SUMMARY DATA B/S OF IOWA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

IOWA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	07	08	05	06	07	08	
56 HEMORRHOIDECTOMY					464.20*	405.00	361.00*	361.00*	56
57 CHOLECYSTECTOMY					722.10*	722.10*	825.00	825.20*	57
58 REPAIR HERNIA					412.60*	464.20*	464.20*	495.10*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					91.00	61.90*	61.90*	75.00	59
60 DILATION OF URETHRA					30.00*	27.00*	30.00*	30.00	60
61 PROSTATECTOMY - SUPRAPUBIC					825.20*	825.20*	825.20*	825.20*	61
62 ELECTROSECTION-PROSTATE (TUR)					825.20*	928.40*	928.40*	1031.50*	62
63 HYSTERECTOMY					825.20*	722.10*	773.60*	804.60*	63
64 INITIAL COMPLETE EYE EXAM					33.00*	24.75*	24.75*	30.90*	64
65 COMPREHENSIVE EYE EXAM					25.00	24.75*	24.75*	30.90*	65
66 EYE EXAM WITH TONOMETRY					33.00	12.00*	12.00*		66
67 EXTRACTION OF LENS					825.20*	928.40*	722.10*	1175.00	67
68 CHEST X-RAY - SINGLE VIEW	30.90*	24.75*	25.80*	30.00	30.90*	26.00	24.00	26.00	68
69 CHEST X-RAY - TWO VIEWS	30.90*	37.00	36.10*	36.10*	30.90*	37.10*	20.60*	30.90*	69
70 X-RAY SPINE					57.60*	62.50*	54.00*	22.50*	70
71 X-RAY HIP					20.60*	30.90*	35.00	30.90*	71
72 X-RAY UPPER GI TRACT	61.90*	61.90*	40.00*	61.90*	51.60*	62.00	47.00	61.90*	72
73 X-RAY COLON					51.60*	72.20*	66.00*	61.90*	73
74 RADIATION THERAPY-LOW VOLT									74
75 RADIATION THERAPY-SUPER VOLT					24.75*	24.75*	24.75*	24.75*	75
76 RADIATION THERAPY-MEGAVOLT					26.80*	25.20*	26.80*	28.80*	76
77 CAT SCAN - HEAD					345.00	345.00	345.00	345.00*	77
78 CAT SCAN - ABDOMEN					345.00	345.00	345.00	345.00	78
79 THREE CHEMISTRY TESTS					13.50	39.00	16.00	27.00	79
80 NINETEEN CHEMISTRY TESTS					22.50	33.00	30.75	11.50	80
81 CULTURE - OTHER THAN BLOOD					12.00	10.00	8.00	10.00	81
82 HEMOGLOBIN					4.00L	4.00L	5.00L	5.00	82
83 AUTOMATED BLOOD COUNT					17.00	10.75	12.50	15.00	83
84 WHITE CELL COUNT					4.00L	4.00L	5.00L	6.00	84
85 COMPLETE BLOOD COUNT (CBC)					14.00	15.00	15.00	11.00	85
86 CHOLESTEROL TEST					7.00L	7.00L	9.00L	9.00	86
87 FLOCCULATION TEST					8.00	8.00	10.00	13.00	87
88 HEMATOCRIT					3.00L	4.00L	5.00	5.00	88
89 PLATELET COUNT (REES-ECKER)					9.00	7.50	10.00	9.00	89
90 POTASSIUM TEST - BLOOD					11.00	10.00	10.00	10.00	90
91 PROTHROMBIN TIME TEST					5.00L	5.00L	8.00L	8.10	91
92 SEDIMENTATION RATE					3.50L	5.00L	5.00L	8.00	92
93 BLOOD SUGAR					5.00L	7.00L	8.00L	9.00	93
94 BUN-UREA - NITROGEN					6.00L	8.00L	9.00L	11.00	94
95 URIC ACID					7.00L	8.00L	8.00L	10.00	95
96 FECES-OCCULT BLOOD-SCREENING					5.00	4.00	5.00	6.00	96
97 PAP TEST					6.50L	8.00L	10.00L	10.00	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	8.00	98
99 CHEMICAL URINALYSIS					5.00L	6.00L	4.50L	5.00	99
100 PATHOLOGY - THREE SPECIMENS					66.00*	66.00*	65.00*	58.80*	100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					47.00	47.00	47.00	47.00	104
105 WALKER - RENTAL					8.20	8.00	8.00	8.00	105
106 WHEELCHAIR - RENTAL					22.00	18.00L	43.00	43.00	106
107 LIQUID OXYGEN - RENTAL									107
108 HOSPITAL BED - PURCHASE									108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE									110

KANSAS

KANSAS



Three Localities

Blue Shield of Kansas

01 - Blue Shield of Kansas Plan area (102 counties)

Blue Shield of Kansas City

04 - Johnson County (suburban)

05 - Wyandotte County (metropolitan)

1984 PREVAILING CHARGE SUMMARY DATA B/S OF KANSAS CITY, MISSOURI
LOCALITY DESIGNATION FOR GENERAL PRACTICE

KANSAS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 04	AREA 05	AREA 04	AREA 05	
1 INITIAL BRIEF OFFICE VISIT			16.70*	16.70*	1
2 INITIAL LIMITED OFFICE VISIT	15.50*	12.20*	16.70*	16.70*	2
3 INITIAL INTERMED OFFICE VISIT			25.00	20.00	3
4 INITIAL COMP OFFICE VISIT	53.70*	35.00*	72.00	45.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00	5.00	8.00	10.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.50*	12.20*	16.70*	16.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT	15.50*	12.20*	16.70*	16.70*	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	18.00	25.00	20.00	8
9 EXTENDED F/U OFFICE VISIT	30.00	15.00	35.00	35.00	9
10 COMP FOLLOWUP OFFICE VISIT	51.50*	31.00*	41.20*	35.00	10
11 BRIEF FOLLOWUP HOME VISIT	20.70*	24.80*	20.70*	24.80*	11
12 LIMITED FOLLOWUP HOME VISIT			20.70*	24.80*	12
13 INTERMEDIATE F/U HOME VISIT	25.00	25.00	25.00	25.00	13
14 EXTENDED CARE FACILITY VISIT			31.00*	25.00	14
15 BRIEF F/U NURSING HOME VISIT	15.50*	12.20*	16.70*	16.70*	15
16 INITIAL BRIEF HOSPITAL VISIT	41.20*	50.00	51.50*	61.90*	16
17 INIT INTERMED HOSPITAL VISIT			72.20*	72.20*	17
18 INITIAL COMP HOSPITAL VISIT	51.50*	51.50*	72.20*	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.70*	14.40*	20.70*	20.70*	19
20 LIMITED F/U HOSPITAL VISIT	20.70*	14.40*	20.70*	20.70*	20
21 INTERMED F/U HOSPITAL VISIT	25.90*	20.00	24.80*	22.00	21
22 EXTENDED F/U HOSPITAL VISIT			40.00	40.00	22
23 BRIEF EMERGENCY ROOM VISIT			50.00	31.00*	23
24 LIMITED EMERGENCY ROOM VISIT			50.00	31.00*	24
25 INTERMED EMERGENCY ROOM VISIT			50.00	31.00*	25
26 LIMITED CONSULTATION	51.50*	50.00	61.90*	40.00	26
27 EXTENSIVE CONSULTATION			103.00*	72.20*	27
28 COMPREHENSIVE CONSULTATION			103.00*	72.20*	28
29 PSYCHOTHERAPY-ONE HOUR			65.20*	81.20*	29
30 PSYCHOTHERAPY-HALF HOUR			32.60*	40.60*	30
31 CHIROPRACTIC OFFICE VISIT			12.90*	12.90*	31
32 INITIAL PHYSIOTHERAPY			10.00	10.00	32
33 F/U PODIATRIC OFFICE VISIT			18.50*	14.40*	33
34 ELECTROCARDIOGRAM (EKG)	34.90	29.70	30.90	21.70	34
35 EKG-INTERPRET AND REPORT ONLY	14.00	14.00		10.30*	35
36 SPIROMETRY			42.00	42.00	36
37 ELECTROENCEPHALOGRAM (EEG)				100.00	37
38 CHEMOTHERAPY			32.20*	55.00	38
39 COLLECTION OF SPECIMENS			3.00	3.00	39
40 DEBRIDEMENT OF NAILS					40
41 SKIN BIOPSY			35.00	35.00	41
42 CHEMOCAUTERY					42
43 RADICAL MASTECTOMY			1031.50*	1052.00*	43
44 OPEN REDUCTION OF FRACTURE			1400.00	876.70*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	16.00	47.00	25.00	45
46 CORONARY ARTERY BYPASS				3050.00	46
47 TOTAL ARTIFICIAL HIP REPLACE			2062.60*	2062.60*	47
48 NEEDLE PUNCTURE OF BURSA			25.00	25.00	48
49 BRONCHOSCOPY			154.75*	154.75*	49
50 THORACENTESIS				46.80*	50
51 CATHETERIZATION OF HEART					51
52 INSERTION OF PACEMAKER					52
53 PARTIAL COLECTOMY			1062.40*	1134.50*	53
54 APPENDECTOMY			536.20*	412.60*	54
55 SIGMOIDOSCOPY			45.00	51.50*	55

1984 PREVAILING CHARGE SUMMARY DATA B/S OF KANSAS CITY, MISSOURI
LOCALITY DESIGNATION FOR GENERAL PRACTICE

KANSAS
LOCALITY DESIGNATION FOR SPECIALIST

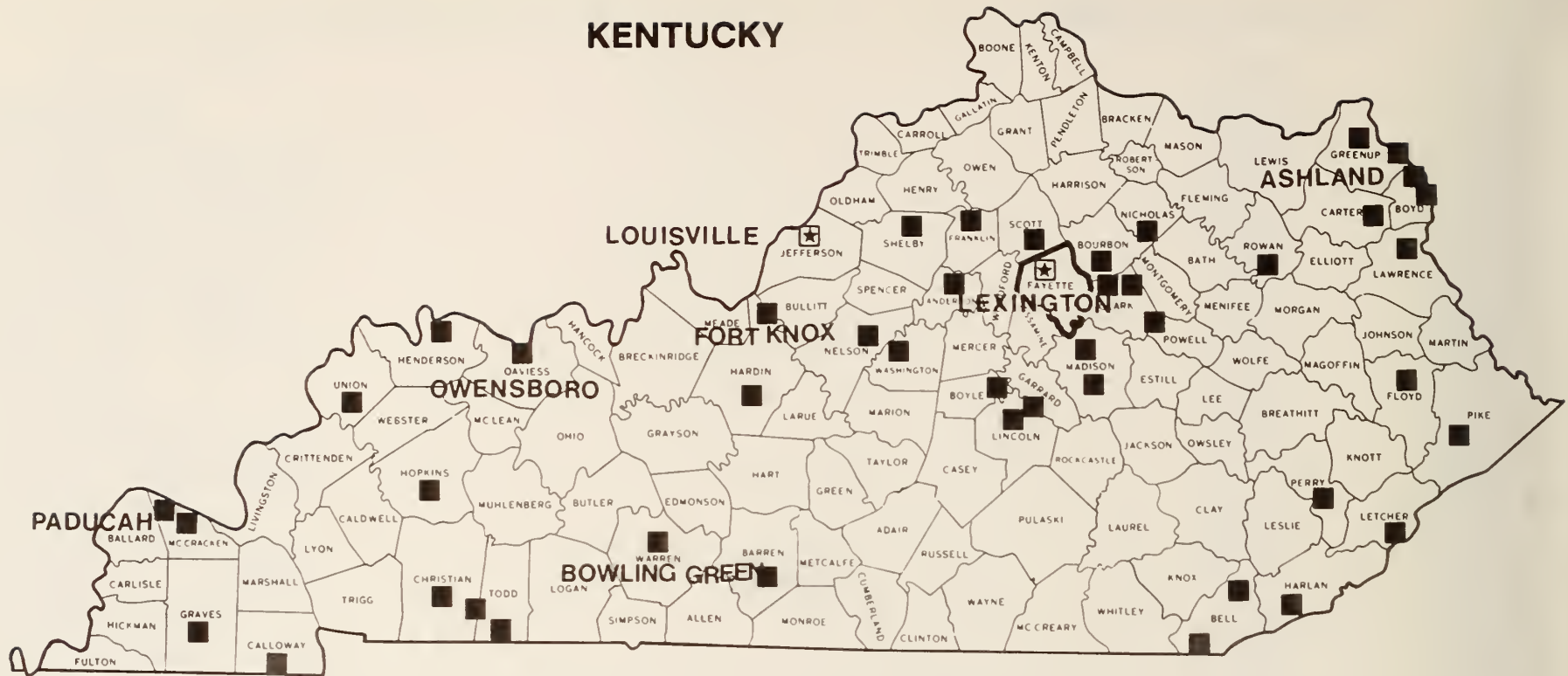
PROCEDURE DESCRIPTION	AREA 04	AREA 05	AREA 04	AREA 05	
56 HEMORRHOIDECTOMY			433.20*	412.60*	56
57 CHOLECYSTECTOMY			825.20*	742.50*	57
58 REPAIR HERNIA			618.90*	450.00	58
59 DIAGNOSTIC CYSTOURETHROSCOPY			103.00*	70.00	59
60 DILATION OF URETHRA			23.00	23.00	60
61 PROSTATECTOMY - SUPRAPUBIC			1031.50*	1031.50*	61
62 ELECTROSECTION-PROSTATE (TUR)			928.20*	928.20*	62
63 HYSTERECTOMY			928.20*	856.20*	63
64 INITIAL COMPLETE EYE EXAM			35.00*	31.00*	64
65 COMPREHENSIVE EYE EXAM			35.00*	31.00*	65
66 EYE EXAM WITH TONOMETRY			8.20*	8.20*	66
67 EXTRACTION OF LENS			928.20*	928.20*	67
68 CHEST X-RAY - SINGLE VIEW	31.00*	25.00	20.70*	20.70*	68
69 CHEST X-RAY - TWO VIEWS	37.00*	31.00*	31.00*	31.00*	69
70 X-RAY SPINE			72.20*	72.20*	70
71 X-RAY HIP			32.40	32.40	71
72 X-RAY UPPER GI TRACT				57.70*	72
73 X-RAY COLON			60.00	57.70*	73
74 RADIATION THERAPY-LOW VOLT					74
75 RADIATION THERAPY-SUPER VOLT					75
76 RADIATION THERAPY-MEGAVOLT					76
77 CAT SCAN - HEAD			94.50	94.50	77
78 CAT SCAN - ABDOMEN			103.00	103.00	78
79 THREE CHEMISTRY TESTS			32.00	24.00	79
80 NINETEEN CHEMISTRY TESTS			29.00	32.00	80
81 CULTURE - OTHER THAN BLOOD			15.00	20.00	81
82 HEMOGLOBIN			6.00L	3.00L	82
83 AUTOMATED BLOOD COUNT			10.00L	10.00L	83
84 WHITE CELL COUNT			6.00L	3.00L	84
85 COMPLETE BLOOD COUNT (CBC)			10.00L	10.00L	85
86 CHOLESTEROL TEST			8.00L	5.00L	86
87 FLOCCULATION TEST			11.00	8.00	87
88 HEMATOCRIT			7.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)			7.80	6.00	89
90 POTASSIUM TEST - BLOOD			11.00	9.00	90
91 PROTHROMBIN TIME TEST			5.00L	5.00L	91
92 SEDIMENTATION RATE			7.50L	5.00L	92
93 BLOOD SUGAR			8.00L	5.00L	93
94 BUN-UREA - NITROGEN			8.00L	5.00L	94
95 URIC ACID			8.00L	5.00L	95
96 FECES-OCCULT BLOOD-SCREENING			7.00	5.00	96
97 PAP TEST			10.00L	6.00L	97
98 ROUTINE URINALYSIS			6.50L	6.00L	98
99 CHEMICAL URINALYSIS			6.50L	6.00L	99
100 PATHOLOGY - THREE SPECIMENS					100
101 ELEC MONITORING-PACEMAKER				35.60*	101
102 DONOR NEPHRECTOMY-UNILATERAL			1000.00	1000.00	102
103 KIDNEY TRANSPLANT			1325.60	1325.60	103
104 HOSPITAL BED - RENTAL			55.00L	63.25L	104
105 WALKER - RENTAL			20.00	38.00	105
106 WHEELCHAIR - RENTAL			40.00L	33.00L	106
107 LIQUID OXYGEN - RENTAL			86.00	55.00	107
108 HOSPITAL BED - PURCHASE			622.00L	622.00L	108
109 WALKER - PURCHASE			59.75	61.15	109
110 WHEELCHAIR - PURCHASE			279.95L	279.95L	110

PROCEDURE DESCRIPTION	SINGLE	
1 INITIAL BRIEF OFFICE VISIT	16.10*	1
2 INITIAL LIMITED OFFICE VISIT	24.90*	2
3 INITIAL INTERMED OFFICE VISIT	24.90*	3
4 INITIAL COMP OFFICE VISIT	57.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.00*	5
6 BRIEF FOLLOWUP OFFICE VISIT	16.10*	6
7 LIMITED FOLLOWUP OFFICE VISIT	24.80*	7
8 INTERMEDIATE F/U OFFICE VISIT	26.90*	8
9 EXTENDED F/U OFFICE VISIT	43.60*	9
10 COMP FOLLOWUP OFFICE VISIT	43.60*	10
11 BRIEF FOLLOWUP HOME VISIT	24.90*	11
12 LIMITED FOLLOWUP HOME VISIT	26.90*	12
13 INTERMDIATE F/U HOME VISIT	33.70*	13
14 EXTENDED CARE FACILITY VISIT		14
15 BRIEF F/U NURSING HOME VISIT	16.10*	15
16 INITIAL BRIEF HOSPITAL VISIT	53.70*	16
17 INIT INTERMED HOSPITAL VISIT	53.70*	17
18 INITIAL COMP HOSPITAL VISIT	80.80*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	15.50*	19
20 LIMITED F/U HOSPITAL VISIT	33.70*	20
21 INTERMED F/U HOSPITAL VISIT	20.20*	21
22 EXTENDED F/U HOSPITAL VISIT	20.20*	22
23 BRIEF EMERGENCY ROOM VISIT	27.00*	23
24 LIMITED EMERGENCY ROOM VISIT	27.00*	24
25 INTERMED EMERGENCY ROOM VISIT		25
26 LIMITED CONSULTATION	43.60*	26
27 EXTENSIVE CONSULTATION	51.60*	27
28 COMPREHENSIVE CONSULTATION	82.60*	28
29 PSYCHOTHERAPY-ONE HOUR		29
30 PSYCHOTHERAPY-HALF HOUR	33.70*	30
31 CHIROPRACTIC OFFICE VISIT	13.40*	31
32 INITIAL PHYSIOTHERAPY	12.70*	32
33 F/U PODIATRIC OFFICE VISIT	16.10*	33
34 ELECTROCARDIOGRAM (EKG)	36.00*	34
35 EKG-INTERPRET AND REPORT ONLY	18.00*	35
36 SPIROMETRY	40.00*	36
37 ELECTROENCEPHALOGRAM (EEG)	105.00*	37
38 CHEMOTHERAPY	21.20*	38
39 COLLECTION OF SPECIMENS	3.00*	39
40 DEBRIDEMENT OF NAILS	16.10*	40
41 SKIN BIOPSY	36.30*	41
42 CHEMOCAUTERY	24.80*	42
43 RADICAL MASTECTOMY	933.20*	43
44 OPEN REDUCTION OF FRACTURE	1031.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	27.20*	45
46 CORONARY ARTERY BYPASS	3069.70*	46
47 TOTAL ARTIFICIAL HIP REPLACE	1856.70*	47
48 NEEDLE PUNCTURE OF BURSA	26.90*	48
49 BRONCHOSCOPY	257.90*	49
50 THORACENTESIS	51.60*	50
51 CATHETERIZATION OF HEART	608.60*	51
52 INSERTION OF PACEMAKER	1058.50*	52
53 PARTIAL COLECTOMY	1031.50*	53
54 APPENDECTOMY	433.10*	54
55 SIGMOIDOSCOPY	43.60*	55

PROCEDURE DESCRIPTION	SINGLE	
56 HEMORRHOIDECTOMY	371.30*	56
57 CHOLECYSTECTOMY	730.30*	57
58 REPAIR HERNIA	420.75*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	103.30*	59
60 DILATION OF URETHRA	26.90*	60
61 PROSTATECTOMY - SUPRAPUBIC	973.80*	61
62 ELECTROSECTION-PROSTATE (TUR)	907.70*	62
63 HYSTERECTOMY	878.80*	63
64 INITIAL COMPLETE EYE EXAM	33.90*	64
65 COMPREHENSIVE EYE EXAM	31.80*	65
66 EYE EXAM WITH TONOMETRY	7.40*	66
67 EXTRACTION OF LENS	825.20*	67
68 CHEST X-RAY - SINGLE VIEW	26.90*	68
69 CHEST X-RAY - TWO VIEWS	37.30*	69
70 X-RAY SPINE	62.20*	70
71 X-RAY HIP	47.10*	71
72 X-RAY UPPER GI TRACT	82.60*	72
73 X-RAY COLON	73.00*	73
74 RADIATION THERAPY-LOW VOLT	24.40*	74
75 RADIATION THERAPY-SUPER VOLT	41.30*	75
76 RADIATION THERAPY-MEGAVOLT		76
77 CAT SCAN - HEAD	104.50*	77
78 CAT SCAN - ABDOMEN	134.60*	78
79 THREE CHEMISTRY TESTS	22.50*	79
80 NINETEEN CHEMISTRY TESTS	30.00*	80
81 CULTURE - OTHER THAN BLOOD	13.75*	81
82 HEMOGLOBIN	4.50L	82
83 AUTOMATED BLOOD COUNT		83
84 WHITE CELL COUNT	5.00L	84
85 COMPLETE BLOOD COUNT (CBC)	12.00L	85
86 CHOLESTEROL TEST	9.00L	86
87 FLOCCULATION TEST	10.50*	87
88 HEMATOCRIT	3.75L	88
89 PLATELET COUNT (REES-ECKER)	10.50*	89
90 POTASSIUM TEST - BLOOD	11.57*	90
91 PROTHROMBIN TIME TEST	7.50L	91
92 SEDIMENTATION RATE	6.25L	92
93 BLOOD SUGAR	7.70L	93
94 BUN-UREA - NITROGEN	10.00L	94
95 URIC ACID	9.00L	95
96 FECES-OCCULT BLOOD-SCREENING	6.00*	96
97 PAP TEST	10.50L	97
98 ROUTINE URINALYSIS	6.00L	98
99 CHEMICAL URINALYSIS	6.00*	99
100 PATHOLOGY - THREE SPECIMENS		100
101 ELEC MONITORING-PACEMAKER		101
102 DONOR NEPHRECTOMY-UNILATERAL	1014.00*	102
103 KIDNEY TRANSPLANT	2118.60*	103
104 HOSPITAL BED - RENTAL	40.00L	104
105 WALKER - RENTAL	14.50*	105
106 WHEELCHAIR - RENTAL	22.50L	106
107 LIQUID OXYGEN - RENTAL	103.20*	107
108 HOSPITAL BED - PURCHASE	698.00L	108
109 WALKER - PURCHASE	60.00*	109
110 WHEELCHAIR - PURCHASE	356.00L	110

KENTUCKY

KENTUCKY



- 01 - Metropolitan - Lexington (Fayette County), Louisville (including Anchorage, Crestwood, Jeffersontown, Lyndon, Middletown, Okalona, Pee Wee Valley, Pleasure Ridge Park, Shively, St. Matthews, Valley Station).
- 02 - Urban - Ashland (including Grayson, Greenup, Westwood), Bardstown, Bellevue, Bowling Green, Catlettsburg, Covington (including Alexandria, Bromley, Burlington, Dayton, Elsmere Park, Ft. Mitchell, South Hills, Southgate, Walton, Woodlawn), Danville, Elizabethtown (including Labanon Junction), Florence, Fort Thomas, Frankfort (including Midway), Georgetown, Glasgow, Harlan, Hazard (including Whitesburg), Henderson, Hopkinsville (including Elkton, Fairview), Lancaster, Lawrenceburg, Louisa, Madisonville, mayfield, Middlesboro, Morehead, Morganfield, Mount Sterling, Murray, Newport, Nicholasville, Owensboro, Paducah (including West Paducah), Paris, Pikeville, Pineville, Prestonsburg, Richmond, Shelbyville, Stanford, Versailles, Vine Grove, Winchester (including Carlisle, Stanton).
- 03 - Rural - All other areas of the State

1984 PREVAILING CHARGE SUMMARY DATA B/C - B/S OF KENTUCKY, INC.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

PROCEDURE DESCRIPTION	I	II	III
1 INITIAL BRIEF OFFICE VISIT			
2 INITIAL LIMITED OFFICE VISIT	35.00	20.00	33.00
3 INITIAL INTERMED OFFICE VISIT			
4 INITIAL COMP OFFICE VISIT	25.00	40.00	40.00
5 MINIMAL FOLLOWUP OFFICE VISIT	12.00	8.25*	8.25*
6 BRIEF FOLLOWUP OFFICE VISIT	14.40*	12.40*	10.30*
7 LIMITED FOLLOWUP OFFICE VISIT	18.00	20.00	16.50*
8 INTERMEDIATE F/U OFFICE VISIT	18.00	22.00	23.70*
9 EXTENDED F/U OFFICE VISIT	30.90*	20.00	20.00
10 COMP FOLLOWUP OFFICE VISIT	18.00	35.00	35.00
11 BRIEF FOLLOWUP HOME VISIT	24.75*	20.60*	20.60*
12 LIMITED FOLLOWUP HOME VISIT			
13 INTERMDIATE F/U HOME VISIT	25.00	25.00	22.00
14 EXTENDED CARE FACILITY VISIT			
15 BRIEF F/U NURSING HOME VISIT	14.40*	12.40*	10.30*
16 INITIAL BRIEF HOSPITAL VISIT	41.30*	30.90*	30.90*
17 INIT INTERMED HOSPITAL VISIT			
18 INITIAL COMP HOSPITAL VISIT	60.00	60.00	50.00
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.60*	14.40*	12.40*
20 LIMITED F/U HOSPITAL VISIT	20.60*	20.60*	20.60*
21 INTERMED F/U HOSPITAL VISIT	30.00	30.00	25.00
22 EXTENDED F/U HOSPITAL VISIT			
23 BRIEF EMERGENCY ROOM VISIT			
24 LIMITED EMERGENCY ROOM VISIT			
25 INTERMED EMERGENCY ROOM VISIT			
26 LIMITED CONSULTATION	45.20*	40.70*	69.10*
27 EXTENSIVE CONSULTATION			
28 COMPREHENSIVE CONSULTATION			
29 PSYCHOTHERAPY-ONE HOUR			
30 PSYCHOTHERAPY-HALF HOUR			
31 CHIROPRACTIC OFFICE VISIT			
32 INITIAL PHYSIOTHERAPY			
33 F/U PODIATRIC OFFICE VISIT			
34 ELECTROCARDIOGRAM (EKG)	27.10*	28.50*	19.20*
35 EKG-INTERPRET AND REPORT ONLY	9.00*	5.70*	6.90*
36 SPIROMETRY			
37 ELECTROENCEPHALOGRAM (EEG)			
38 CHEMOTHERAPY			
39 COLLECTION OF SPECIMENS			
40 DEBRIDEMENT OF NAILS			
41 SKIN BIOPSY			
42 CHEMOCAUTERY			
43 RADICAL MASTECTOMY			
44 OPEN REDUCTION OF FRACTURE			
45 ARTHROCENTESIS-MAJOR JOINT	30.90*	30.90*	35.70*
46 CORONARY ARTERY BYPASS			
47 TOTAL ARTIFICIAL HIP REPLACE			
48 NEEDLE PUNCTURE OF BURSA			
49 BRONCHOSCOPY			
50 THORACENTESIS			
51 CATHETERIZATION OF HEART			
52 INSERTION OF PACEMAKER			
53 PARTIAL COLECTOMY			
54 APPENDECTOMY	515.75	515.75	474.50*
55 SIGMOIDOSCOPY			

KENTUCKY
LOCALITY DESIGNATION FOR SPECIALIST

I	II	III	
30.00	20.60*	20.60*	1
51.60*	40.00	38.00	2
51.60*	40.00	38.00	3
72.20*	61.90*	50.00	4
10.30*	12.40*	8.25*	5
16.50*	16.50*	12.40*	6
20.60*	20.00	20.00	7
30.00	26.00	20.60*	8
37.10*	30.90*	23.00	9
69.00	50.00	50.00	10
24.75*	24.75*	20.60*	11
30.90*	30.00	30.00	12
30.90*	30.00	30.00	13
20.60*	20.60*	16.50*	14
16.50*	16.50*	12.40*	15
51.60*	30.90*	30.90*	16
72.20*	51.60*	51.60*	17
82.50*	72.20*	60.00	18
20.60*	16.50*	14.40*	19
20.60*	20.60*	20.60*	20
30.00	30.00	30.00	21
30.00	30.00	30.00	22
30.90*	20.60*	20.60*	23
40.00	38.00	35.00	24
63.30*	47.40*	30.90	25
63.30*	40.20*	42.80*	26
75.90*	45.60*	51.30*	27
84.40*	65.30*	64.20*	28
20.00	24.50	24.75*	29
8.50*	7.80*		30
14.40*	12.40*	10.30*	31
20.00	15.00	20.00	32
14.40*	12.40*	10.30*	33
21.10*	25.00*	25.70*	34
7.10*	7.40*	8.60*	35
30.00	30.00	30.00	36
55.00	108.30*	90.40*	37
40.00	40.00	40.00	38
	3.00*	3.00*	39
22.00	20.00	20.00	40
45.00	50.00	50.00	41
30.90*	30.90*	30.00	42
951.90*	927.10*	851.60*	43
41.90*	41.90*	37.10*	44
3157.00*	3194.80*		45
1200.00	1010.90*	990.20*	46
20.00	25.00	24.75*	47
206.30*	257.90*	154.70*	48
51.60*	75.00	51.60*	49
626.70*	626.70*		50
1031.50*	1155.00	1237.80*	51
1031.50*	1031.50*	1031.50*	52
515.75*	515.75*	515.75*	53
41.30*	41.30*	43.30*	54
			55

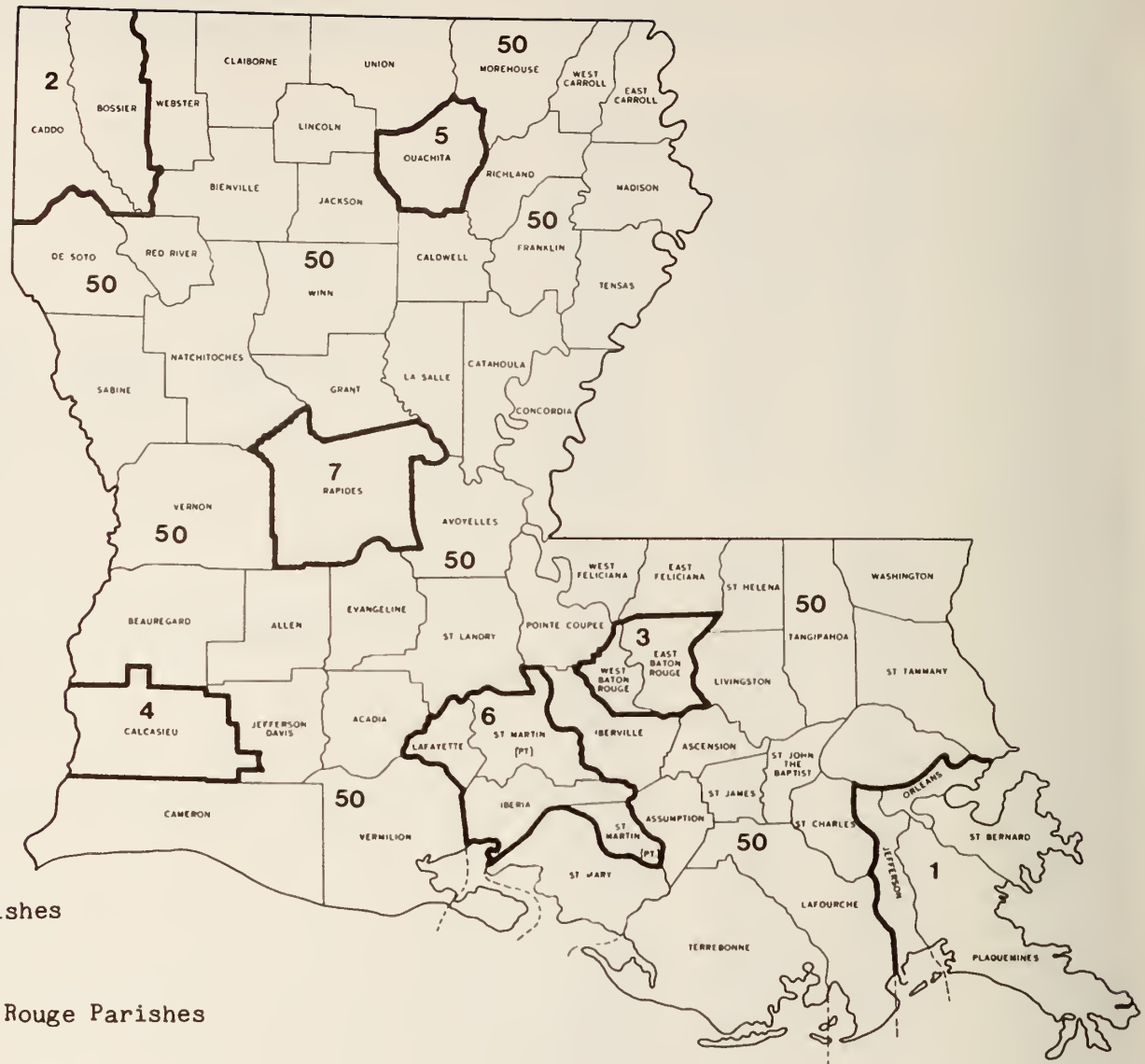
1984 PREVAILING CHARGE SUMMARY DATA B/C - B/S OF KENTUCKY, INC.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

KENTUCKY
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	I	II	III	I	II	III	
56 HEMORRHOIODECTOMY				515.75*	400.00	361.00*	56
57 CHOLECYSTECTOMY				773.60*	722.10*	722.10*	57
58 REPAIR HERNIA				515.75*	515.75*	412.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	51.60*			51.60*	61.90*	51.60*	59
60 DILATION OF URETHRA				20.00	20.60*	20.00	60
61 PROSTATECTOMY - SUPRAPUBIC				960.00	825.20*	960.00	61
62 ELECTROSECTION-PROSTATE (TUR)				825.20*	825.20*	825.20*	62
63 HYSTERECTOMY				928.40*	876.80*	722.10*	63
64 INITIAL COMPLETE EYE EXAM				40.00	30.90*	40.00	64
65 COMPREHENSIVE EYE EXAM				40.00	30.90*	40.00	65
66 EYE EXAM WITH TONOMETRY				20.00	12.40*	10.30*	66
67 EXTRACTION OF LENS				825.20*	825.20*	825.20*	67
68 CHEST X-RAY - SINGLE VIEW	29.00	20.60*	20.00	25.80*	20.60*	20.60*	68
69 CHEST X-RAY - TWO VIEWS	30.90*	30.90*	30.90*	32.00	30.90*	30.90*	69
70 X-RAY SPINE				38.00	41.30*	39.20*	70
71 X-RAY HIP				30.00	30.90*	30.00	71
72 X-RAY UPPER GI TRACT		61.90*	51.60*	61.90*	65.00	40.00	72
73 X-RAY COLON				51.60*	54.25*	61.90*	73
74 RADIATION THERAPY-LOW VOLT				30.90*	19.00	29.50*	74
75 RADIATION THERAPY-SUPER VOLT							75
76 RADIATION THERAPY-MEGAVOLT							76
77 CAT SCAN - HEAD				53.20*	53.20*	53.20*	77
78 CAT SCAN - ABDOMEN				60.75*	60.75*	60.75*	78
79 THREE CHEMISTRY TESTS				10.50*	10.50*	10.50*	79
80 NINETEEN CHEMISTRY TESTS				21.00	21.00*	21.00*	80
81 CULTURE - OTHER THAN BLOOD				23.50*	23.50	23.50	81
82 HEMOGLOBIN				3.50L	3.50L	3.50L	82
83 AUTOMATED BLOOD COUNT				10.50*	10.50*	10.50*	83
84 WHITE CELL COUNT				4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)				10.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST				9.00L	9.00L	9.00L	86
87 FLOCCULATION TEST				9.00	7.00	5.00	87
88 HEMATOCRIT				3.50	3.50	3.50	88
89 PLATELET COUNT (REES-ECKER)				8.00	9.00	8.00	89
90 POTASSIUM TEST - BLOOD				12.00	10.00	10.00	90
91 PROTHROMBIN TIME TEST				8.00L	8.00L	8.00L	91
92 SEDIMENTATION RATE				6.00L	6.00L	6.00L	92
93 BLOOD SUGAR				7.00L	7.00L	7.00L	93
94 BUN-UREA - NITROGEN				8.00L	8.00L	8.00L	94
95 URIC ACID				10.00L	10.00L	10.00L	95
96 FECES-OCULT BLOOD-SCREENING				5.00	4.00	5.00	96
97 PAP TEST				9.00L	9.00L	9.00L	97
98 ROUTINE URINALYSIS				5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS				4.00	4.00	5.50	99
100 PATHOLOGY - THREE SPECIMENS				26.00	26.00	28.00	100
101 ELEC MONITORING-PACEMAKER				35.00	35.00*	35.00	101
102 DONOR NEPHRECTOMY-UNILATERAL				1031.50*	1114.00*	990.20*	102
103 KIDNEY TRANSPLANT				1496.40*			103
104 HOSPITAL BED - RENTAL				55.00L	55.00L	55.00L	104
105 WALKER - RENTAL				12.00	12.00*	12.00	105
106 WHEELCHAIR - RENTAL				21.00L	21.00L	21.00L	106
107 LIQUID OXYGEN - RENTAL							107
108 HOSPITAL BED - PURCHASE				430.50L	430.50L	430.50L	108
109 WALKER - PURCHASE				47.25	47.25*	47.25*	109
110 WHEELCHAIR - PURCHASE				270.00L	270.00L	270.00L	110

LOUISIANA

LOUISIANA



Eight Localities:

- 01 - Orleans Parish, Jefferson, St. Bernard, Plaquemines Parishes
- 02 - Caddo, Bossier Parishes
- 03 - East Baton Rouge, West Baton Rouge Parishes
- 04 - Calcasieu Parish
- 05 - Ouachita Parish
- 06 - Lafayette, Iberia, St. Martin Parishes
- 07 - Rapides Parish
- 50 - All other Parishes

1984 PREVAILING CHARGE SUMMARY DATA PAN-AMERICAN LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOUISIANA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT					51.50*	51.50*	51.50*	51.50*	1
2 INITIAL LIMITED OFFICE VISIT	30.00	25.90*	30.90*	30.90*	51.50*	51.50*	51.50*	51.50*	2
3 INITIAL INTERMED OFFICE VISIT					51.50*	51.50*	51.50*	51.50*	3
4 INITIAL COMP OFFICE VISIT	30.00	25.90*	30.90*	30.90*	51.50*	51.50*	51.50*	51.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.10*	6.10*	6.10*	6.00	10.30*	7.30*	6.00	8.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.40*	12.40*	14.40*	10.30*	16.30*	14.40*	16.30*	16.30*	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.70*	20.70*	20.00	14.40*	20.70*	30.90*	20.70*	20.70*	7
8 INTERMEDIATE F/U OFFICE VISIT	20.70*	20.70*	20.00	14.40*	20.70*	30.90*	20.70*	20.70*	8
9 EXTENDED F/U OFFICE VISIT	20.70*	20.70*	20.00	14.40*	20.70*	30.90*	20.70*	20.70*	9
10 COMP FOLLOWUP OFFICE VISIT	12.50				15.50*	18.10*	17.10*		10
11 BRIEF FOLLOWUP HOME VISIT	24.80*	15.00	20.00	20.70*	30.90*	20.70*	19.70*		11
12 LIMITED FOLLOWUP HOME VISIT					40.00*	30.00	25.30*	30.00*	12
13 INTERMEDIATE F/U HOME VISIT	40.00	30.00	30.00	30.00					13
14 EXTENDED CARE FACILITY VISIT									14
15 BRIEF F/U NURSING HOME VISIT	14.40*	12.40*	14.40*	10.30*	16.30	14.40	16.30	16.30*	15
16 INITIAL BRIEF HOSPITAL VISIT	51.50*	51.50*	41.20*	30.90*	51.50*	72.20*	51.50*	51.50*	16
17 INIT INTERMED HOSPITAL VISIT					72.20*	103.30*	72.20*	65.00	17
18 INITIAL COMP HOSPITAL VISIT	92.60*	75.00	72.20*	60.00	72.20*	103.30*	72.20*	65.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.70*	20.70*	16.30*	20.70*	24.80*	24.80*	20.70*	24.80*	19
20 LIMITED F/U HOSPITAL VISIT	20.70*	20.70*	16.30*	20.70*	24.80*	24.80*	20.70*	24.80*	20
21 INTERMED F/U HOSPITAL VISIT	50.00	50.00	25.00	35.00	50.00	40.00	35.00	35.00	21
22 EXTENDED F/U HOSPITAL VISIT					50.00	40.00	35.00	35.00	22
23 BRIEF EMERGENCY ROOM VISIT					41.20*	41.20*	30.90*	41.20*	23
24 LIMITED EMERGENCY ROOM VISIT					41.20*	41.20*	30.90*	41.20*	24
25 INTERMED EMERGENCY ROOM VISIT					16.00	18.10*	18.10*	16.00	25
26 LIMITED CONSULTATION	51.50*	50.00	50.00	51.50*	72.20*	100.00	51.50*	55.00	26
27 EXTENSIVE CONSULTATION					100.00	123.70*	75.00	72.20*	27
28 COMPREHENSIVE CONSULTATION					72.20*		85.00	85.00	28
29 PSYCHOTHERAPY-ONE HOUR					7.50	7.10	6.25	8.30	29
30 PSYCHOTHERAPY-HALF HOUR					7.50	7.10	6.25	8.30	30
31 CHIROPRACTIC OFFICE VISIT	8.50*				18.00	17.10*	18.00	11.30*	31
32 INITIAL PHYSIOTHERAPY									32
33 F/U PODIATRIC OFFICE VISIT					18.50*	20.70*	18.50*	18.50*	33
34 ELECTROCARDIOGRAM (EKG)	30.90*	30.00	30.00	30.00	30.90*	30.00	30.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.50*	15.00	15.50*	15.50*	20.00	15.00	20.00	15.00	35
36 SPIROMETRY					70.00	55.00	70.00	53.20*	36
37 ELECTROENCEPHALOGRAM (EEG)					42.00	54.00	42.00		37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					20.70*	20.00	19.40*	19.80*	40
41 SKIN BIOPSY					31.00	50.00	35.00	39.20*	41
42 CHEMOCAUTERY					20.70*	20.70*	20.70*	19.30*	42
43 RADICAL MASTECTOMY					1464.50*	928.30*	1031.50*	1031.50*	43
44 OPEN REDUCTION OF FRACTURE					1031.50*	1031.50*	1031.50*	1031.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	20.00	25.00	20.70*	24.80*	20.00	6.80*	20.00	30.90*	45
46 CORONARY ARTERY BYPASS					653.60*	1016.60*			46
47 TOTAL ARTIFICIAL HIP REPLACE									47
48 NEEDLE PUNCTURE OF BURSA					15.00	25.00	25.00		48
49 BRONCHOSCOPY					312.00	206.30*	257.90*	257.90*	49
50 THORACENTESIS					100.00	51.50*	45.60*		50
51 CATHETERIZATION OF HEART					406.50*	371.70*	439.10*	512.50*	51
52 INSERTION OF PACEMAKER					1031.50*	1031.50*	51.50*	959.40*	52
53 PARTIAL COLECTOMY					1560.00	1031.50*	990.30*	1031.50*	53
54 APPENDECTOMY		35.10*			722.00*	618.90*	618.90*	618.90*	54
55 SIGMOIDOSCOPY					51.50*	41.20*	30.90*	51.50*	55

1984 PREVAILING CHARGE SUMMARY DATA PAN-AMERICAN LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOUISIANA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIDECTOMY					618.90*	464.20*	515.60*	515.60*	56
57 CHOLECYSTECTOMY					1000.00	722.00*	722.00*	722.00*	57
58 REPAIR HERNIA					700.00	515.60*	618.90*	412.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	94.20*		66.30*		82.60*	51.50*	72.20*	72.20*	59
60 DILATION OF URETHRA					20.00	20.70*	14.40*	20.00	60
61 PROSTATECTOMY - SUPRAPUBIC					1031.50*	876.90*	75.00	928.30*	61
62 ELECTROSECTION-PROSTATE (TUR)	1086.40*				1031.50*	876.90*	75.00	928.30*	62
63 HYSTERECTOMY					1134.60*	1031.50*	825.20*	1031.50*	63
64 INITIAL COMPLETE EYE EXAM					33.60	44.00	32.00	33.60	64
65 COMPREHENSIVE EYE EXAM					33.60	44.00	32.00	33.60	65
66 EYE EXAM WITH TONOMETRY					16.30*	12.40*	16.30*	14.40*	66
67 EXTRACTION OF LENS					1031.50*	119.00*	928.30*	825.20*	67
68 CHEST X-RAY - SINGLE VIEW	25.00	30.00	17.00*	30.00	30.90*	17.00	17.00*	30.90*	68
69 CHEST X-RAY - TWO VIEWS	36.10*	36.00	17.00*	34.00	19.00*	17.00*	37.20*	19.00*	69
70 X-RAY SPINE					72.20*	25.00*	65.00	72.20*	70
71 X-RAY HIP					22.00*	22.00*	22.00*	22.00*	71
72 X-RAY UPPER GI TRACT	72.20*	37.00*	41.00*	85.00	41.00*	82.60*	78.00	41.00*	72
73 X-RAY COLON					41.00*	82.60*	81.00	72.20*	73
74 RADIATION THERAPY-LOW VOLT					25.00		29.00	27.60*	74
75 RADIATION THERAPY-SUPER VOLT					46.00	44.50*	46.00	37.00*	75
76 RADIATION THERAPY-MEGAVOLT					53.10*		52.00		76
77 CAT SCAN - HEAD					300.00	110.00*	110.00*	110.00*	77
78 CAT SCAN - ABDOMEN					112.50*	110.00*	110.00*	110.00*	78
79 THREE CHEMISTRY TESTS					31.85	122.33	88.06	100.00	79
80 NINETEEN CHEMISTRY TESTS					31.85	29.94	30.98	28.86	80
81 CULTURE - OTHER THAN BLOOD					27.68	17.29	22.51	18.82	81
82 HEMOGLOBIN					4.71	5.28	4.80	6.15	82
83 AUTOMATED BLOOD COUNT					17.05	12.75	11.21	13.12	83
84 WHITE CELL COUNT					6.00	6.72	4.18	5.32	84
85 COMPLETE BLOOD COUNT (CBC)					17.05	12.75	11.21	13.12	85
86 CHOLESTEROL TEST					11.56	12.00	11.77	11.00	86
87 FLOCCULATION TEST					11.39	10.34	11.39	9.81	87
88 HEMATOCRIT					5.42	5.08	5.12	5.11	88
89 PLATELET COUNT (REES-ECKER)					14.45	10.56	7.48	10.32	89
90 POTASSIUM TEST - BLOOD					11.20	10.64	10.96	10.41	90
91 PROTHROMBIN TIME TEST					10.04	9.51	8.39	7.45	91
92 SEDIMENTATION RATE					7.41	10.05	8.03	8.39	92
93 BLOOD SUGAR					10.38	11.60	10.41	9.48	93
94 BUN-UREA - NITROGEN					11.80	11.71	10.22	10.41	94
95 URIC ACID					13.15	12.36	9.97	11.51	95
96 FECES-OCCULT BLOOD-SCREENING					7.70	9.72	10.80	8.01	96
97 PAP TEST					14.33	15.72	12.50	11.72	97
98 ROUTINE URINALYSIS					8.79	8.31	7.11	8.98	98
99 CHEMICAL URINALYSIS					9.75	9.75	9.75	9.75	99
100 PATHOLOGY - THREE SPECIMENS					45.00	25.00	45.00	45.00	100
101 ELEC MONITORING-PACEMAKER					46.75	55.40	47.70	47.70	101
102 DONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					486.00	486.00	486.00		104
105 WALKER - RENTAL					61.40	58.00	66.40	58.50	105
106 WHEELCHAIR - RENTAL					357.40	511.00	435.80		106
107 LIQUID OXYGEN - RENTAL									107
108 HOSPITAL BED - PURCHASE									108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE									110

1984 PREVAILING CHARGE SUMMARY DATA PAN-AMERICAN LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOUISIANA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	07	50	05	06	07	50	
1 INITIAL BRIEF OFFICE VISIT					51.50*	50.00	50.00	41.20*	1
2 INITIAL LIMITED OFFICE VISIT	30.90*	25.00	24.80*	24.80*	51.50*	50.00	50.00	41.20*	2
3 INITIAL INTERMED OFFICE VISIT					51.50*	50.00	50.00	41.20*	3
4 INITIAL COMP OFFICE VISIT	30.90*	25.00	24.80*	24.80*	51.50*	50.00	50.00	41.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.10*	8.00	6.10*	6.10*	7.30*	5.00	7.30*	7.30*	5
6 BRIEF FOLLOWUP OFFICE VISIT	10.30*	10.30*	12.40*	10.30*	16.30*	16.30*	16.30*	14.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	25.00	20.00	16.30*	16.30*	20.70*	20.70*	20.70*	20.70*	7
8 INTERMEDIATE F/U OFFICE VISIT	25.00	20.00	16.30*	16.30*	20.70*	20.70*	20.70*	20.70*	8
9 EXTENDED F/U OFFICE VISIT	25.00	20.00	16.30*	16.30*	20.70*	20.70*	20.70*	20.70*	9
10 COMP FOLLOWUP OFFICE VISIT			12.50	12.50	15.50*	15.50*	15.50*	12.90*	10
11 BRIEF FOLLOWUP HOME VISIT	16.30*	20.70*	25.00	20.70*			19.70*	20.70*	11
12 LIMITED FOLLOWUP HOME VISIT						29.00*	30.00	30.00*	12
13 INTERMDIATE F/U HOME VISIT		30.00	30.00	30.00					13
14 EXTENDED CARE FACILITY VISIT									14
15 BRIEF F/U NURSING HOME VISIT	10.30*	10.30	12.40*	10.30*	16.30*	16.30	16.30	14.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	43.40*	50.00	30.90*	41.20*	51.50*	61.90*	51.50*	51.50*	16
17 INIT INTERMED HOSPITAL VISIT					72.20*	72.20*	60.00	72.20*	17
18 INITIAL COMP HOSPITAL VISIT	51.50*	45.00	50.00	72.20*	72.20*	72.20*	60.00	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	21.20*	20.00	20.00	20.70*	20.70*	20.70*	24.80*	24.80*	19
20 LIMITED F/U HOSPITAL VISIT	21.20*	20.00	20.00	20.70*	20.70*	20.70*	24.80*	24.80*	20
21 INTERMED F/U HOSPITAL VISIT	41.20*	20.00	35.00	50.00	45.00	33.30*	50.00	41.20*	21
22 EXTENDED F/U HOSPITAL VISIT					45.00	33.30*	50.00	41.20*	22
23 BRIEF EMERGENCY ROOM VISIT					30.90*	30.90*	20.70*	30.90*	23
24 LIMITED EMERGENCY ROOM VISIT					30.90*	30.90*	20.70*	30.90*	24
25 INTERMED EMERGENCY ROOM VISIT					12.50	18.10*	10.00	12.90*	25
26 LIMITED CONSULTATION	51.50*	51.50*	41.20*	50.00	51.50*	51.50*	51.50*	51.50*	26
27 EXTENSIVE CONSULTATION					72.20*	72.20*	72.20*	72.20*	27
28 COMPREHENSIVE CONSULTATION					81.80*	85.00		85.00	28
29 PSYCHOTHERAPY-ONE HOUR					7.50	7.10	6.70	7.10	29
30 PSYCHOTHERAPY-HALF HOUR					7.50	7.10	6.70	7.10	30
31 CHIROPRACTIC OFFICE VISIT				9.90*	15.00*	16.00*	15.00	15.00*	31
32 INITIAL PHYSIOTHERAPY									32
33 F/U PODIATRIC OFFICE VISIT					18.50*	18.50*	18.50*	16.30*	33
34 ELECTROCARDIOGRAM (EKG)	30.00	30.00	20.70*	30.00	30.00	30.00	30.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	14.40*			15.50*	15.00		15.00	15.00	35
36 SPIROMETRY						49.60*	70.00		36
37 ELECTROENCEPHALOGRAM (EEG)						42.00	31.30*	20.00	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS						20.00	19.40*	20.70*	40
41 SKIN BIOPSY					30.90*	30.90*	30.90*	51.50*	41
42 CHEMOCAUTERY						19.30*	19.70*	25.00	42
43 RADICAL MASTECTOMY					928.30*	1031.50*	1031.50*	876.90*	43
44 OPEN REDUCTION OF FRACTURE					1031.50*	1031.50*	1031.50*	1031.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	20.00	20.00	15.00	20.70*	20.70*	20.70*	20.70*	20.70*	45
46 CORONARY ARTERY BYPASS								800.60*	46
47 TOTAL ARTIFICIAL HIP REPLACE								1031.50*	47
48 NEEDLE PUNCTURE OF BURSA					25.00	25.00	25.00	20.00	48
49 BRONCHOSCOPY						257.90*	257.90*	257.90*	49
50 THORACENTESIS						51.50*		51.50*	50
51 CATHETERIZATION OF HEART						519.00*	501.30*		51
52 INSERTION OF PACEMAKER					1031.50*	1031.50*	1031.50*	1031.50*	52
53 PARTIAL COLECTOMY					1031.50*	928.30*	1031.50*	1031.50*	53
54 APPENDECTOMY				412.60*	575.70*	618.90*	618.90*	618.90*	54
55 SIGMOIDOSCOPY					41.20*	41.20*	41.20*	51.50*	55

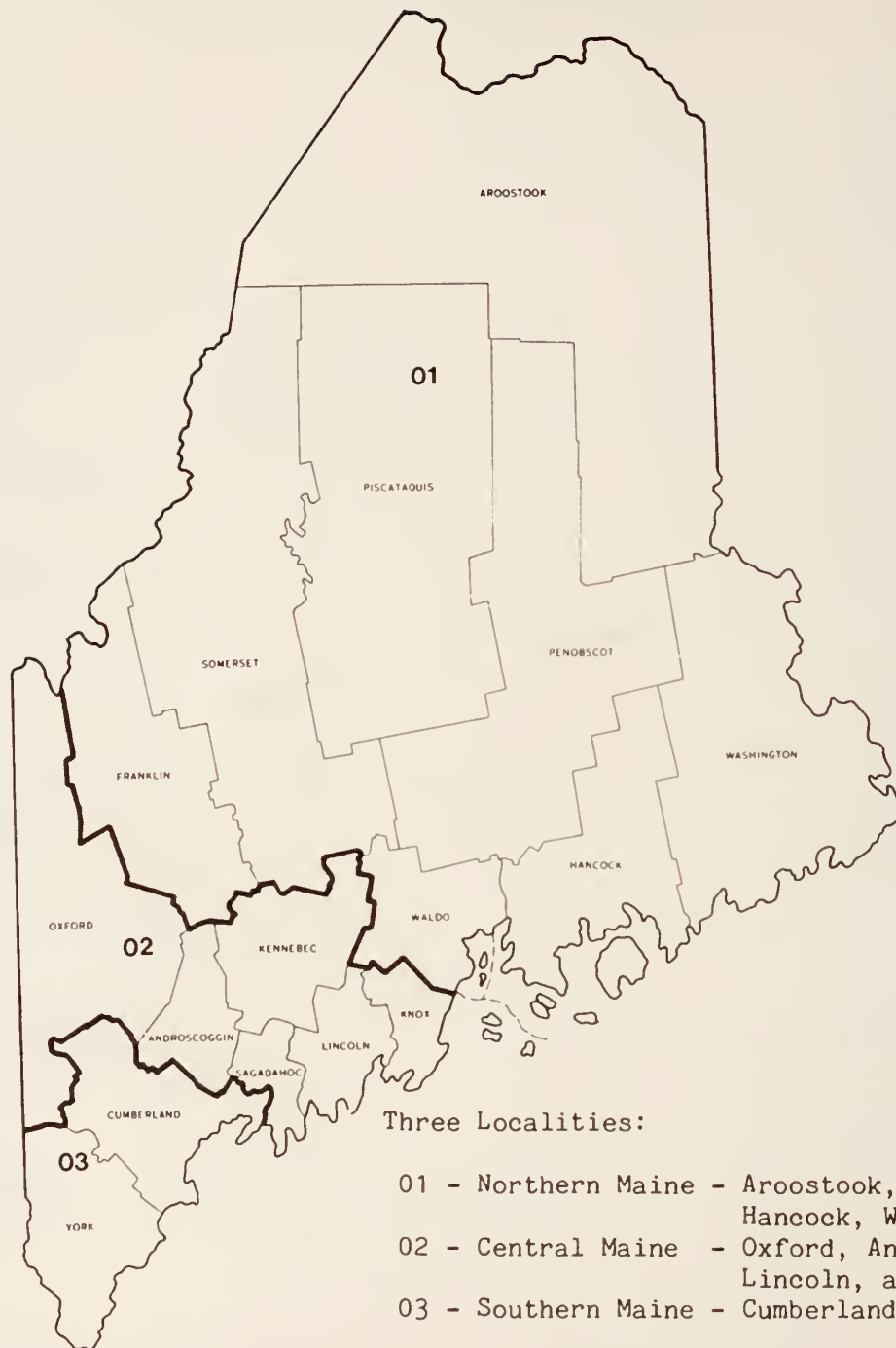
1984 PREVAILING CHARGE SUMMARY DATA PAN-AMERICAN LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOUISIANA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	07	50	05	06	07	50	
56 HEMORRHOIDECTOMY					515.60*	515.60*		464.20*	56
57 CHOLECYSTECTOMY					722.00*	722.00*	876.90*	722.00*	57
58 REPAIR HERNIA					515.60*	515.60*	722.00*	55.00	58
59 DIAGNOSTIC CYSTOURETHROSCOPY				82.60*	72.20*	72.20*	72.20*	82.60*	59
60 DILATION OF URETHRA					20.00	20.00	18.00	30.90*	60
61 PROSTATECTOMY - SUPRAPUBIC					928.30*	825.20*	928.30*	75.00	61
62 ELECTROSECTION-PROSTATE (TUR)				23.30*	928.30*	825.20*	928.30*	75.00	62
63 HYSTERECTOMY					1031.50*	1031.50*	1031.50*	825.20*	63
64 INITIAL COMPLETE EYE EXAM					32.00	28.00	32.00	30.00	64
65 COMPREHENSIVE EYE EXAM					32.00	28.00	32.00	30.00	65
66 EYE EXAM WITH TONOMETRY					14.40*	10.30*	10.30*	12.40*	66
67 EXTRACTION OF LENS					825.20*	1000.00	1031.50*	928.30*	67
68 CHEST X-RAY - SINGLE VIEW	30.90*	24.80*	20.70*	17.00*	17.00*	30.90*	17.00*	28.00	68
69 CHEST X-RAY - TWO VIEWS	19.00*	32.90*	32.00	37.20*	19.00*	19.00*	37.20*	30.90*	69
70 X-RAY SPINE					72.20*	72.20*	72.20*	60.00	70
71 X-RAY HIP					22.00*	41.20*	22.00*	41.20*	71
72 X-RAY UPPER GI TRACT	72.20*	72.20*	41.00*	40.00*	41.00*	41.00*	82.60*	61.90*	72
73 X-RAY COLON					41.00*	41.00*	41.00*	40.00*	73
74 RADIATION THERAPY-LOW VOLT					29.00	29.00	29.00		74
75 RADIATION THERAPY-SUPER VOLT					46.00	46.00			75
76 RADIATION THERAPY-MEGAVOLT						52.00			76
77 CAT SCAN - HEAD					110.00*	110.00*	110.00*	110.00*	77
78 CAT SCAN - ABDOMEN					110.00*	110.00*	110.00*	110.00*	78
79 THREE CHEMISTRY TESTS					100.00	56.89	98.27	96.66	79
80 NINETEEN CHEMISTRY TESTS					35.42	28.72	21.87	35.08	80
81 CULTURE - OTHER THAN BLOOD					20.93	27.06	19.78	19.35	81
82 HEMOGLOBIN					5.76	5.00	4.90	4.41	82
83 AUTOMATED BLOOD COUNT					12.02	12.53	11.69	13.00	83
84 WHITE CELL COUNT					5.67	6.00	6.00	6.26	84
85 COMPLETE BLOOD COUNT (CBC)					12.02	12.53	11.69	13.00	85
86 CHOLESTEROL TEST					10.17	9.86	11.55	11.78	86
87 FLOCCULATION TEST					16.21	10.89	9.15	9.88	87
88 HEMATOCRIT					5.92	5.35	7.34	4.87	88
89 PLATELET COUNT (REES-ECKER)					11.15	10.31	11.34	10.23	89
90 POTASSIUM TEST - BLOOD					10.20	10.71	10.67	10.39	90
91 PROTHROMBIN TIME TEST					8.95	9.48	9.11	9.09	91
92 SEDIMENTATION RATE					9.25	8.58	8.00	8.75	92
93 BLOOD SUGAR					9.41	10.00	9.04	8.51	93
94 BUN-UREA - NITROGEN					9.87	10.85	10.35	10.75	94
95 URIC ACID					10.25	11.10	10.57	11.70	95
96 FECES-OCCULT BLOOD-SCREENING					8.51	6.96	8.11	7.41	96
97 PAP TEST					12.80	12.06	11.25	10.71	97
98 ROUTINE URINALYSIS					8.95	7.83	7.65	7.09	98
99 CHEMICAL URINALYSIS					9.75	9.75	9.75	9.75	99
100 PATHOLOGY - THREE SPECIMENS					45.00	40.00	28.00	24.50	100
101 ELEC MONITORING-PACEMAKER					47.70	47.70	47.70	55.00	101
102 DONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT							30.00		103
104 HOSPITAL BED - RENTAL							486.00	486.00	104
105 WALKER - RENTAL					58.50	57.60	48.25	58.20	105
106 WHEELCHAIR - RENTAL					348.30	442.60	321.00	381.40	106
107 LIQUID OXYGEN - RENTAL									107
108 HOSPITAL BED - PURCHASE									108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE									110

MAINE

MAINE



Three Localities:

- 01 - Northern Maine - Aroostook, Piscataquis, Penobscot, Washington, Hancock, Waldo, Somerset and Franklin Counties
- 02 - Central Maine - Oxford, Androscoggin, Kennebec, Sagadahoc, Lincoln, and Knox Counties
- 03 - Southern Maine - Cumberland and York Counties

1984 PREVAILING CHARGE SUMMARY DATA B/S OF MASSACHUSETTS
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MAINE
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 01	AREA 02	AREA 03	AREA 01	AREA 02	AREA 03	
1 INITIAL BRIEF OFFICE VISIT				10.30*	8.25*	10.30*	1
2 INITIAL LIMITED OFFICE VISIT	40.00	30.00	33.00*	50.00	51.60*	51.60*	2
3 INITIAL INTERMED OFFICE VISIT				65.00*	40.00	32.00	3
4 INITIAL COMP OFFICE VISIT							4
5 MINIMAL FOLLOWUP OFFICE VISIT	12.40*	14.40*	14.40*	16.50*	16.50*	16.50*	5
6 BRIEF FOLLOWUP OFFICE VISIT							6
7 LIMITED FOLLOWUP OFFICE VISIT	18.00	18.00	14.00	16.50*	20.00	25.00	7
8 INTERMEDIATE F/U OFFICE VISIT							8
9 EXTENDED F/U OFFICE VISIT	35.00	26.80*	44.00	30.90*	32.00	30.00	9
10 COMP FOLLWDUP OFFICE VISIT	30.00	45.40*	40.00	50.00	30.90*	30.90*	10
11 BRIEF FOLLOWUP HDME VISIT	16.70*	17.00*	12.40*	20.00	20.00	18.00	11
12 LIMITED FOLLOWUP HOME VISIT				21.60*	30.00	37.10*	12
13 INTERMDIATE F/U HOME VISIT	20.00	18.60*	20.60*	24.75*	24.75*	20.60*	13
14 EXTENDED CARE FACILITY VISIT				14.40*	16.50*	14.40*	14
15 BRIEF F/U NURSING HOME VISIT	14.00	15.50*	16.30*	17.90*	20.00	19.60*	15
16 INITIAL BRIEF HDSPITAL VISIT	42.00	48.00	50.00	64.00	63.00	80.00	16
17 INIT INTERMED HOSPITAL VISIT							17
18 INITIAL COMP HOSPITAL VISIT							18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.40*	14.40*	16.50*	18.60*	16.50*	18.60*	19
20 LIMITED F/U HOSPITAL VISIT	20.60*	20.60*	20.60*	25.00	20.60*	33.00*	20
21 INTERMED F/U HOSPITAL VISIT							21
22 EXTENDED F/U HOSPITAL VISIT				37.00*	34.00	34.00	22
23 BRIEF EMERGENCY ROOM VISIT				25.00	25.00	28.10*	23
24 LIMITED EMERGENCY ROOM VISIT							24
25 INTERMED EMERGENCY ROOM VISIT							25
26 LIMITED CONSULTATION	31.70*	33.10*	30.90*	41.30*	36.10*	42.10*	26
27 EXTENSIVE CONSULTATION				61.90*	51.60*	61.90*	27
28 COMPREHENSIVE CONSULTATION				75.00	70.00	75.00	28
29 PSYCHOTHERAPY-ONE HOUR				75.00	75.00	75.00	29
30 PSYCHOTHERAPY-HALF HOUR				50.00	50.00	50.00	30
31 CHIROPRACTIC OFFICE VISIT				15.00	15.00	15.00	31
32 INITIAL PHYSIDTHERAPY				10.00	10.00	10.00	32
33 F/U PODIATRIC OFFICE VISIT				17.60*	17.60*	17.60*	33
34 ELECTROCARDIOGRAM (EKG)	20.00	25.00	30.00	27.00	30.00	28.10*	34
35 EKG-INTERPRET AND REPORT ONLY	10.10*	10.00	10.10*	11.10*	8.70*	12.80*	35
36 SPIROMETRY				40.00	45.00	25.00	36
37 ELECTROENCEPHALOGRAM (EEG)				80.00	80.00	80.00	37
38 CHEMOTHERAPY				25.00	25.00	25.00	38
39 COLLECTION OF SPECIMENS				5.00	5.00	6.00	39
40 DEBRIDEMENT OF NAILS				20.00	20.00	20.00	40
41 SKIN BIOPSY				45.00	30.90*	45.00	41
42 CHEMOCAUTERY				20.60*	24.00	35.00	42
43 RADICAL MASTECTOMY				618.90*	722.10*	876.80*	43
44 OPEN REDUCTION OF FRACTURE				1043.30*	1043.30*	1043.30*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	25.00	25.00	31.60*	31.60*	32.40*	45
46 CORONARY ARTERY BYPASS							46
47 TOTAL ARTIFICIAL HIP REPLACE				1788.60*	1788.60*	1788.60*	47
48 NEEDLE PUNCTURE OF BURSA				25.00	30.00	25.00	48
49 BRONCHOSCOPY				185.70*	154.70*	185.70*	49
50 THORACENTESIS				41.40*	41.40*	41.40*	50
51 CATHERIZATION OF HEART				798.80*	798.80*	798.80*	51
52 INSERTION OF PACEMAKER				1200.00	1200.00	1200.00	52
53 PARTIAL COLECTOMY				990.20*	928.40*	1031.50*	53
54 APPENDECTOMY	429.10*	445.60*	357.30*	495.10*	412.60*	536.40*	54
55 SIGMOIDOSCOPY				32.80*	41.30*	30.90*	55

1984 PREVAILING CHARGE SUMMARY DATA B/S OF MASSACHUSETTS
LOCALITY DESIGNATION FOR GENERAL PRACTICE

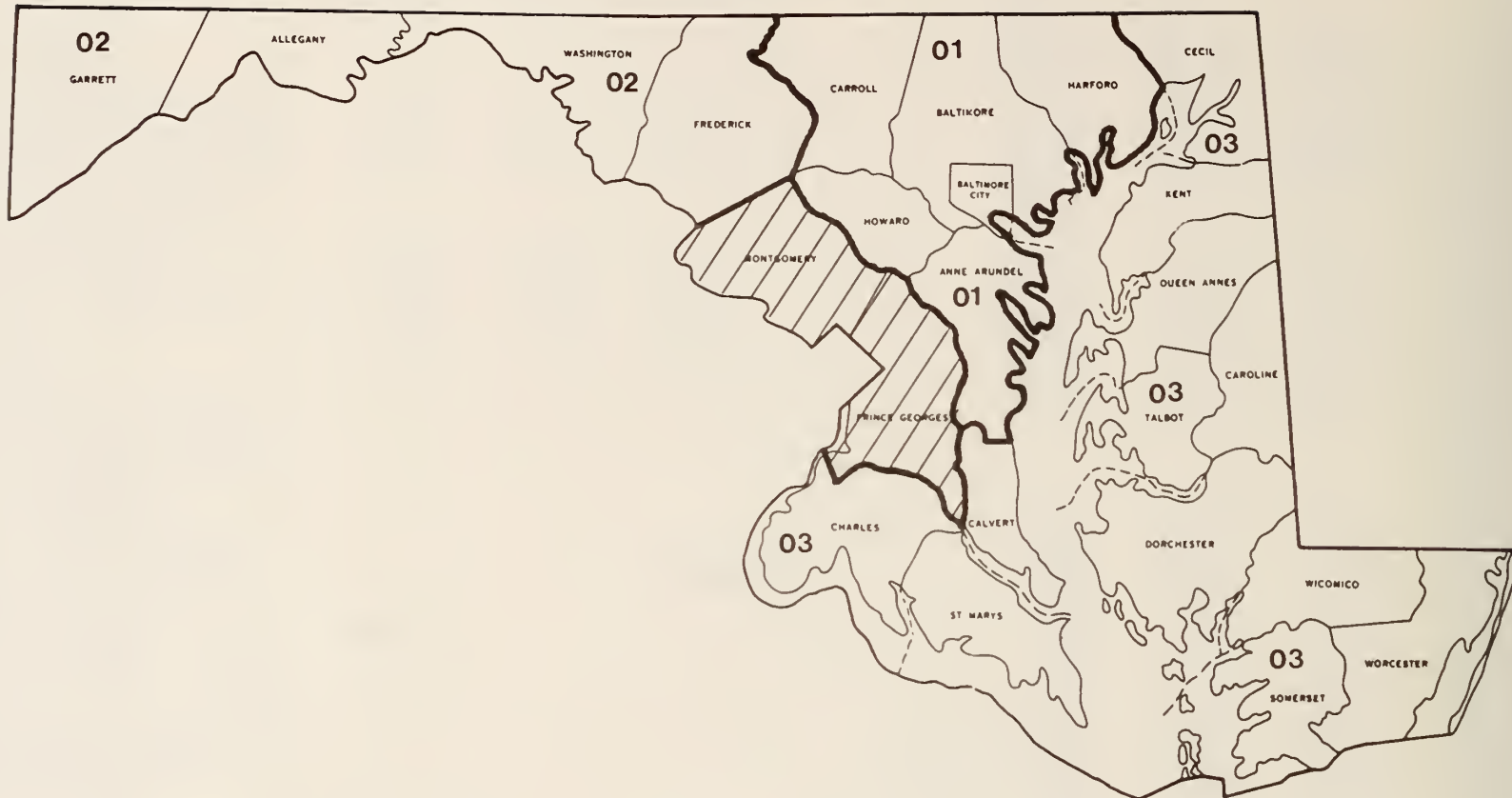
MAINE
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 01	AREA 02	AREA 03	AREA 01	AREA 02	AREA 03	
56 HEMORRHOIDECTOMY				309.50*	309.50*	402.30*	56
57 CHOLECYSTECTOMY				722.10*	691.10*	742.70*	57
58 REPAIR HERNIA				420.00	412.60*	464.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	57.10*	55.50*	43.90*	62.10*	62.10*	62.10*	59
60 DILATION OF URETHRA				24.80*	24.80*	24.80*	60
61 PROSTATECTOMY - SUPRAPUBIC				820.00	820.00	820.00	61
62 ELECTROSECTION-PROSTATE (TUR)	914.90*	944.40*	874.70*	993.70*	993.70*	993.70*	62
63 HYSTERECTOMY				993.70*	993.70*	993.70*	63
64 INITIAL COMPLETE EYE EXAM				32.00	32.00	32.00	64
65 COMPREHENSIVE EYE EXAM							65
66 EYE EXAM WITH TONOMETRY							66
67 EXTRACTION OF LENS	786.40*	891.20*	714.60*	828.00*	828.00*	828.00*	67
68 CHEST X-RAY - SINGLE VIEW	25.80*	25.80*	25.80*	25.00	25.00	25.00	68
69 CHEST X-RAY - TWO VIEWS	20.00	20.00	20.00	36.10*	36.10*	36.10*	69
70 X-RAY SPINE				34.00	38.00	43.70*	70
71 X-RAY HIP				29.50*	29.50*	29.50*	71
72 X-RAY UPPER GI TRACT	82.30*	82.30*	82.30*	82.30*	82.30*	82.30*	72
73 X-RAY COLON				74.70*	74.70*	74.70*	73
74 RADIATION THERAPY-LOW VOLT				24.60	24.60	24.60	74
75 RADIATION THERAPY-SUPER VOLT							75
76 RADIATION THERAPY-MEGAVOLT							76
77 CAT SCAN - HEAD							77
78 CAT SCAN - ABDOMEN							78
79 THREE CHEMISTRY TESTS				32.00	29.50	17.00	79
80 NINETEEN CHEMISTRY TESTS				13.00	18.00	18.00	80
81 CULTURE - OTHER THAN BLOOD				10.00	10.00	9.00	81
82 HEMOGLOBIN				3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT				10.00	11.75	11.75	83
84 WHITE CELL COUNT				4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)				11.00L	11.00L	11.00L	85
86 CHOLESTEROL TEST				7.50L	7.50L	7.50L	86
87 FLOCCULATION TEST				10.00	10.00	10.00	87
88 HEMATOCRIT				3.00L	3.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)				10.00	8.00	8.00	89
90 POTASSIUM TEST - BLOOD				15.00	11.00	10.00	90
91 PROTHROMBIN TIME TEST				7.00L	7.00L	7.00L	91
92 SEDIMENTATION RATE				5.00L	5.00L	5.00L	92
93 BLOOD SUGAR				5.00L	5.00L	5.00L	93
94 BUN-UREA - NITROGEN				9.00L	9.00L	9.00L	94
95 URIC ACID				8.00L	8.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING				5.00	4.00	3.50	96
97 PAP TEST				7.00L	7.00L	7.00L	97
98 ROUTINE URINALYSIS				6.00	7.00	7.00	98
99 CHEMICAL URINALYSIS				3.50	3.00	4.00	99
100 PATHOLOGY - THREE SPECIMENS				33.00	33.00	33.00	100
101 ELEC MONITORING-PACEMAKER				47.00	47.00	47.00	101
102 DONOR NEPHRECTOMY-UNILATERAL							102
103 KIDNEY TRANSPLANT							103
104 HOSPITAL BED - RENTAL				75.00	75.00	75.00	104
105 WALKER - RENTAL				16.50	16.50	16.50	105
106 WHEELCHAIR - RENTAL				25.00L	25.00L	25.00L	106
107 LIQUID OXYGEN - RENTAL							107
108 HOSPITAL BED - PURCHASE							108
109 WALKER - PURCHASE							109
110 WHEELCHAIR - PURCHASE				330.00L	330.00L	330.00L	110

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MARYLAND

MARYLAND



Three Localities: (Exclusive of Washington D.C. Locality.)

- 01 Baltimore City, Baltimore, Howard, Harford, Anne Arundel and Carroll Counties
- 02 Frederick, Washington, Allegany and Garrett Counties
- 03 Calvert, Charles, St. Mary's, Cecil, Kent, Queen Anne's, Caroline, Talbot, Dorchester, Wicomico, Somerset and Worcester Counties

1984 PREVAILING CHARGE SUMMARY DATA B/S OF MARYLAND
LOCALITY DESIGNATION FOR GENERAL PRACTICE

PROCEDURE DESCRIPTION	ZONE 1	ZONE 2	ZONE 3
1 INITIAL BRIEF OFFICE VISIT			
2 INITIAL LIMITED OFFICE VISIT	20.00	20.00	17.00
3 INITIAL INTERMED OFFICE VISIT			
4 INITIAL COMP OFFICE VISIT	40.00	40.00	40.00
5 MINIMAL FOLLOWUP OFFICE VISIT	3.00	12.00	5.00
6 BRIEF FOLLOWUP OFFICE VISIT	14.40*	16.00	15.00
7 LIMITED FOLLOWUP OFFICE VISIT	20.00	20.00	17.00
8 INTERMEDIATE F/U OFFICE VISIT	20.00	20.00	17.00
9 EXTENDED F/U OFFICE VISIT	35.00	28.00	20.00
10 COMP FOLLOWUP OFFICE VISIT	50.00	50.00	30.00
11 BRIEF FOLLOWUP HOME VISIT	20.70*	20.70*	20.00
12 LIMITED FOLLOWUP HOME VISIT			
13 INTERMEDIATE F/U HOME VISIT	30.00	24.80*	25.00
14 EXTENDED CARE FACILITY VISIT			
15 BRIEF F/U NURSING HOME VISIT	14.40*	16.00*	14.40*
16 INITIAL BRIEF HOSPITAL VISIT	51.50*	51.50*	70.00
17 INIT INTERMED HOSPITAL VISIT			
18 INITIAL COMP HOSPITAL VISIT	51.50*	51.50*	70.00
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.70*	14.40*	16.30*
20 LIMITED F/U HOSPITAL VISIT	30.00	20.00	20.70*
21 INTERMED F/U HOSPITAL VISIT	30.00	20.00	20.70*
22 EXTENDED F/U HOSPITAL VISIT			
23 BRIEF EMERGENCY ROOM VISIT			
24 LIMITED EMERGENCY ROOM VISIT			
25 INTERMED EMERGENCY ROOM VISIT			
26 LIMITED CONSULTATION	41.20*	35.00	35.00
27 EXTENSIVE CONSULTATION			
28 COMPREHENSIVE CONSULTATION			
29 PSYCHOTHERAPY-ONE HOUR			
30 PSYCHOTHERAPY-HALF HOUR			
31 CHIROPRACTIC OFFICE VISIT	19.70*		
32 INITIAL PHYSIOTHERAPY			
33 F/U PODIATRIC OFFICE VISIT			
34 ELECTROCARDIOGRAM (EKG)	30.00	30.00	26.00
35 EKG-INTERPRET AND REPORT ONLY	14.40*	20.00	14.40*
36 SPIROMETRY			
37 ELECTROENCEPHALOGRAM (EEG)			
38 CHEMOTHERAPY			
39 COLLECTION OF SPECIMENS			
40 DEBRIDEMENT OF NAILS			
41 SKIN BIOPSY			
42 CHEMOCAUTERY			
43 RADICAL MASTECTOMY			
44 OPEN REDUCTION OF FRACTURE			
45 ARTHROCENTESIS-MAJOR JOINT	40.00	25.00*	30.00
46 CORONARY ARTERY BYPASS			
47 TOTAL ARTIFICIAL HIP REPLACE			
48 NEEDLE PUNCTURE OF BURSA			
49 BRONCHOSCOPY			
50 THORACENTESIS			
51 CATHETERIZATION OF HEART			
52 INSERTION OF PACEMAKER			
53 PARTIAL COLECTOMY			
54 APPENDECTOMY			361.10*
55 SIGMOIDOSCOPY			

MARYLAND
LOCALITY DESIGNATION FOR SPECIALIST

ZONE 1	ZONE 2	ZONE 3	
22.00	20.70*	20.00	1
25.00	23.00	20.00	2
25.00	23.00	20.00	3
102.20	82.70*	72.20*	4
14.40*	6.00	10.30*	5
22.00	20.70*	20.00	6
25.00	23.00	20.00	7
25.00	23.00	20.00	8
35.00	30.00	48.00	9
82.70*	60.00	70.00	10
25.00			11
30.00	20.00	24.80*	12
30.00	20.00	24.80*	13
26.90*	20.70*	20.00	14
22.00*	20.70*	20.00	15
103.00*	80.00	90.00	16
103.00*	80.00	90.00	17
103.00*	80.00	90.00	18
20.70*	20.00	20.70*	19
31.00*	25.00	25.00	20
31.00*	25.00	25.00	21
51.50*	41.20*	40.00	22
21.30*	20.00	16.90*	23
41.20*	31.00*	31.00*	24
41.20*	31.00*	31.00*	25
72.20*	72.20*	70.00	26
72.20*	72.20*	70.00	27
103.00*	85.00	90.00	28
72.20*	70.00	66.00	29
54.20*	37.25*	36.30*	30
14.70*	12.20*	15.00*	31
28.00	31.50*	25.00	32
14.70*	15.30*	17.90*	33
30.00	30.00	30.00	34
14.40*	14.40*	14.40*	35
20.70*		20.60*	36
103.00*	115.00	103.10*	37
40.00	26.90*	10.00	38
7.00	5.00	5.25	39
30.00	25.00	25.00	40
51.50*	40.00	41.20*	41
35.00*	45.00	15.00*	42
882.25*	905.50*	905.50*	43
1031.70*	1031.70*	1031.70*	44
50.00	41.20*	41.20*	45
2940.70*		2428.10*	46
2063.00*	2063.00*	2063.00*	47
51.50*	42.00	45.00	48
206.30*	206.30*	206.30*	49
103.00*	61.90*	55.90*	50
537.80*		485.40*	51
1238.00*	1238.00*	1238.00*	52
1031.70*	825.40*	1031.70*	53
515.70*	412.70*	433.20*	54
61.90*	51.50*	41.20*	55

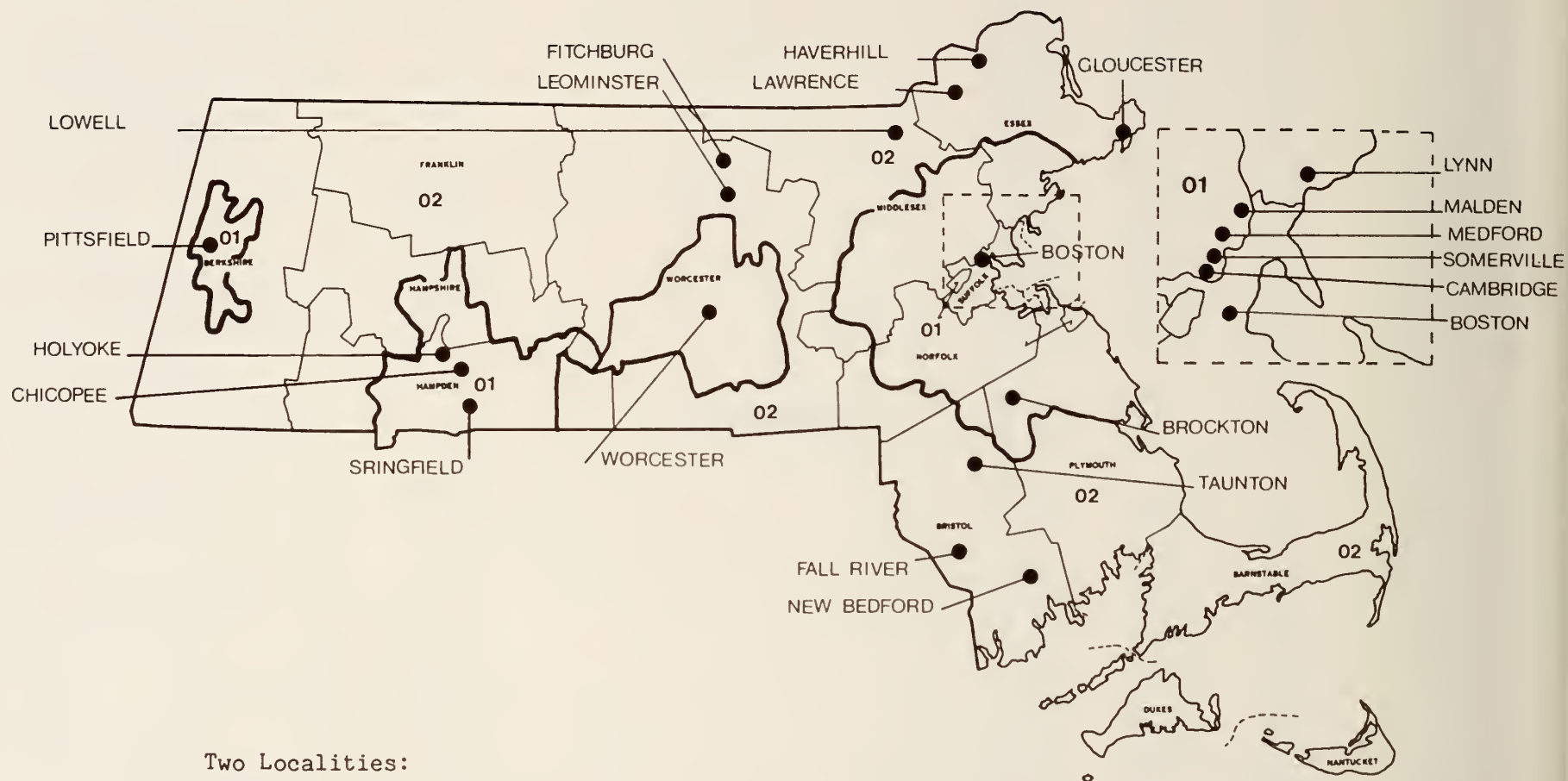
1984 PREVAILING CHARGE SUMMARY DATA B/S OF MARYLAND
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MARYLAND
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	ZONE 1	ZONE 2	ZONE 3	ZONE 1	ZONE 2	ZONE 3	
56 HEMORRHOIDECTOMY				412.70*	340.50*	321.90*	56
57 CHOLECYSTECTOMY				722.00*	619.00*	722.00*	57
58 REPAIR HERNIA				515.70*	412.70*	445.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY				103.00*	82.70*	82.70*	59
60 DILATION OF URETHRA				40.00	31.00*	25.00*	60
61 PROSTATECTOMY - SUPRAPUBIC				1134.70*	722.00*	1134.70*	61
62 ELECTROSECTION-PROSTATE (TUR)				1397.00	1105.00	1500.00	62
63 HYSTERECTOMY				1031.70*	980.20*	928.40*	63
64 INITIAL COMPLETE EYE EXAM				30.00	28.00	24.00	64
65 COMPREHENSIVE EYE EXAM				40.00	28.00	40.00	65
66 EYE EXAM WITH TONOMETRY				22.00	15.20*	15.00	66
67 EXTRACTION OF LENS				1031.70*	825.40*	825.40*	67
68 CHEST X-RAY - SINGLE VIEW	24.80*	25.00	20.70*	29.25	31.00*	20.00	68
69 CHEST X-RAY - TWO VIEWS	25.00		25.00	40.00	35.00	40.00	69
70 X-RAY SPINE				51.50*	45.00	59.00	70
71 X-RAY HIP				41.20*	31.00	31.00*	71
72 X-RAY UPPER GI TRACT	92.60*			97.00	92.60*	92.60*	72
73 X-RAY COLON				82.70*	92.60*	92.60*	73
74 RADIATION THERAPY-LOW VOLT				31.00*	41.30*	20.60*	74
75 RADIATION THERAPY-SUPER VOLT				31.00*	41.30*	20.60*	75
76 RADIATION THERAPY-MEGAVOLT				31.00*	41.30*	20.60*	76
77 CAT SCAN - HEAD				330.00		330.00	77
78 CAT SCAN - ABDOMEN				391.20*		410.00	78
79 THREE CHEMISTRY TESTS							79
80 NINETEEN CHEMISTRY TESTS				20.00	20.00	20.00	80
81 CULTURE - OTHER THAN BLOOD				16.50	10.00	15.00	81
82 HEMOGLOBIN				3.30L	3.30L	3.30L	82
83 AUTOMATED BLOOD COUNT							83
84 WHITE CELL COUNT				4.00L	4.00	4.00	84
85 COMPLETE BLOOD COUNT (CBC)				10.00L	10.00	10.00L	85
86 CHOLESTEROL TEST				6.00L	6.00L	6.00L	86
87 FLOCCULATION TEST							87
88 HEMATOCRIT				3.00L	3.00L	3.00	88
89 PLATELET COUNT (REES-ECKER)				7.00	6.50	10.00	89
90 POTASSIUM TEST - BLOOD				8.00	6.00	7.00	90
91 PROTHROMBIN TIME TEST				5.00L	5.00L	5.00L	91
92 SEDIMENTATION RATE				5.00L	5.00L	5.00	92
93 BLOOD SUGAR				5.00L	5.00L	5.00L	93
94 BUN-UREA - NITROGEN				6.00L	6.00L	6.00L	94
95 URIC ACID				6.00L	6.00L	6.00L	95
96 FECES-OCCULT BLOOD-SCREENING				5.00	5.00	3.30	96
97 PAP TEST				7.00L	7.00L	7.00L	97
98 ROUTINE URINALYSIS				5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS				6.00	5.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS				30.00	14.50	35.00	100
101 ELEC MONITORING-PACEMAKER				35.00	30.00	30.00	101
102 DONOR NEPHRECTOMY-UNILATERAL							102
103 KIDNEY TRANSPLANT				2011.20*			103
104 HOSPITAL BED - RENTAL				58.00	55.00	60.00	104
105 WALKER - RENTAL				20.00	17.50	18.00	105
106 WHEELCHAIR - RENTAL				30.00L	30.00L	30.00L	106
107 LIQUID OXYGEN - RENTAL				60.00		60.00	107
108 HOSPITAL BED - PURCHASE				581.40	581.40	581.40	108
109 WALKER - PURCHASE				57.00	55.20	46.80	109
110 WHEELCHAIR - PURCHASE				300.00L	300.00L	300.00L	110

MASSACHUSETTS

MASSACHUSETTS



Two Localities:

- 01 - Urban
- 02 - Suburban/Rural

(For more locality information see Appendix A)

1984 PREVAILING CHARGE SUMMARY DATA B/S OF MASSACHUSETTS
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MASSACHUSETTS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	URBAN	SUBURB	URBAN	SUBURB	
1 INITIAL BRIEF OFFICE VISIT			25.00	20.60*	1
2 INITIAL LIMITED OFFICE VISIT	26.00*	20.00	40.00	25.00	2
3 INITIAL INTERMED OFFICE VISIT					3
4 INITIAL COMP OFFICE VISIT	41.30*	25.00	51.60*	51.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT					5
6 BRIEF FOLLOWUP OFFICE VISIT					6
7 LIMITED FOLLOWUP OFFICE VISIT					7
8 INTERMEDIATE F/U OFFICE VISIT					8
9 EXTENDED F/U OFFICE VISIT					9
10 COMP FOLLOWUP OFFICE VISIT					10
11 BRIEF FOLLOWUP HOME VISIT	24.75*	20.60*	30.00	24.75*	11
12 LIMITED FOLLOWUP HOME VISIT					12
13 INTERMDIATE F/U HOME VISIT					13
14 EXTENDED CARE FACILITY VISIT					14
15 BRIEF F/U NURSING HOME VISIT	20.60*	20.60*	30.90*	30.00	15
16 INITIAL BRIEF HOSPITAL VISIT	20.60*	20.00	26.80*	20.60*	16
17 INIT INTERMED HOSPITAL VISIT			51.60*	51.60*	17
18 INITIAL COMP HOSPITAL VISIT					18
19 BRIEF FOLLOWUP HOSPITAL VISIT					19
20 LIMITED F/U HOSPITAL VISIT					20
21 INTERMED F/U HOSPITAL VISIT	20.40*	27.60*	35.70*	26.80*	21
22 EXTENDED F/U HOSPITAL VISIT					22
23 BRIEF EMERGENCY ROOM VISIT					23
24 LIMITED EMERGENCY ROOM VISIT					24
25 INTERMED EMERGENCY ROOM VISIT					25
26 LIMITED CONSULTATION	45.20*	36.90*	41.30*	36.10*	26
27 EXTENSIVE CONSULTATION			82.50*	72.20*	27
28 COMPREHENSIVE CONSULTATION					28
29 PSYCHOTHERAPY-ONE HOUR			62.50*	43.70*	29
30 PSYCHOTHERAPY-HALF HOUR			43.70*	26.20*	30
31 CHIROPRACTIC OFFICE VISIT			16.30*	15.60*	31
32 INITIAL PHYSIOTHERAPY			14.60*	19.40*	32
33 F/U PODIATRIC OFFICE VISIT			16.50*	16.50*	33
34 ELECTROCARDIOGRAM (EKG)	30.90*	30.90*	30.90*	30.90*	34
35 EKG-INTERPRET AND REPORT ONLY	13.40*	11.80*	15.50*	12.90*	35
36 SPIROMETRY			30.00	30.00	36
37 ELECTROENCEPHALOGRAM (EEG)			115.00	115.00	37
38 CHEMOTHERAPY			35.70*	26.80*	38
39 COLLECTION OF SPECIMENS			10.00	10.00	39
40 DEBRIDEMENT OF NAILS			20.60*	20.20*	40
41 SKIN BIOPSY			51.60*	30.90*	41
42 CHEMOCAUTERY			53.20*	42.90*	42
43 RADICAL MASTECTOMY			773.60*	773.60*	43
44 OPEN REDUCTION OF FRACTURE			618.90*	412.60*	44
45 ARTHROCENTESIS-MAJOR JOINT	51.60*	51.60*	51.60*	51.60*	45
46 CORONARY ARTERY BYPASS			3543.20*	3486.70*	46
47 TOTAL ARTIFICIAL HIP REPLACE			2358.00*	2771.00	47
48 NEEDLE PUNCTURE OF BURSA			51.60*	15.60*	48
49 BRONCHOSCOPY			206.30*	257.90*	49
50 THORACENTESIS			72.20*	72.20*	50
51 CATHERIZATION OF HEART			515.75*	549.60*	51
52 INSERTION OF PACEMAKER			1237.80*	1650.00	52
53 PARTIAL COLECTOMY			1237.80*	1031.50*	53
54 APPENDECTOMY	515.75*	361.00*	515.75*	515.75*	54
55 SIGMOIDOSCOPY			51.60*	51.60*	55

1984 PREVAILING CHARGE SUMMARY DATA B/S OF MASSACHUSETTS
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MASSACHUSETTS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	URBAN	SUBURB	URBAN	SUBURB	
56 HEMORRHOIDECTOMY			412.60*	412.60*	56
57 CHOLECYSTECTOMY			866.50*	773.60*	57
58 REPAIR HERNIA			515.75*	464.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	88.10*	82.30*	122.70*	106.90*	59
60 DILATION OF URETHRA			35.00	25.00	60
61 PROSTATECTOMY - SUPRAPUBIC			1134.70*	928.40*	61
62 ELECTROSECTION-PROSTATE (TUR)	767.60*	717.30*	1031.50*	825.20*	62
63 HYSTERECTOMY			1031.50*	928.40*	63
64 INITIAL COMPLETE EYE EXAM			36.00	32.80	64
65 COMPREHENSIVE EYE EXAM					65
66 EYE EXAM WITH TONOMETRY			26.00	21.50*	66
67 EXTRACTION OF LENS	1284.00	1200.00	1031.50*	1031.50*	67
68 CHEST X-RAY - SINGLE VIEW	30.90*	30.90*	30.90*	37.10*	68
69 CHEST X-RAY - TWO VIEWS	35.00	30.90*	41.30*	41.30*	69
70 X-RAY SPINE			41.30*	41.30*	70
71 X-RAY HIP			30.90*	37.10*	71
72 X-RAY UPPER GI TRACT	72.20*	47.00*	82.50*	82.50*	72
73 X-RAY COLON			74.30*	72.20*	73
74 RADIATION THERAPY-LOW VOLT	48.00	48.00	48.00	48.00	74
75 RADIATION THERAPY-SUPER VOLT					75
76 RADIATION THERAPY-MEGAVOLT					76
77 CAT SCAN - HEAD			310.00	246.00	77
78 CAT SCAN - ABDOMEN			275.00	275.00	78
79 THREE CHEMISTRY TESTS			28.00	28.00	79
80 NINETEEN CHEMISTRY TESTS			25.00	25.00	80
81 CULTURE - OTHER THAN BLOOD			13.95	13.95	81
82 HEMOGLOBIN			4.00L	3.50L	82
83 AUTOMATED BLOOD COUNT			15.00	15.00	83
84 WHITE CELL COUNT			4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)			10.00L	10.00L	85
86 CHOLESTEROL TEST			7.00L	7.00L	86
87 FLOCCULATION TEST					87
88 HEMATOCRIT			4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)			11.00	11.00	89
90 POTASSIUM TEST - BLOOD			11.00	11.00	90
91 PROTHROMBIN TIME TEST			8.00L	8.00L	91
92 SEDIMENTATION RATE			7.00L	6.00L	92
93 BLOOD SUGAR			7.00L	7.00L	93
94 BUN-UREA - NITROGEN			8.00L	8.00L	94
95 URIC ACID			7.50L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING			6.00	6.00	96
97 PAP TEST			8.00L	6.00L	97
98 ROUTINE URINALYSIS			6.60L	10.00	98
99 CHEMICAL URINALYSIS			8.00	8.00	99
100 PATHOLOGY - THREE SPECIMENS			30.00	30.00	100
101 ELEC MONITORING-PACEMAKER			66.00	66.00	101
102 DONOR NEPHRECTOMY-UNILATERAL			1052.10*	916.00*	102
103 KIDNEY TRANSPLANT					103
104 HOSPITAL BED - RENTAL			65.00L	65.42L	104
105 WALKER - RENTAL			12.00	12.00	105
106 WHEELCHAIR - RENTAL			38.00L	25.00L	106
107 LIQUID OXYGEN - RENTAL			156.50	156.50	107
108 HOSPITAL BED - PURCHASE					108
109 WALKER - PURCHASE			36.00	36.00	109
110 WHEELCHAIR - PURCHASE			330.80L	299.00L	110

MICHIGAN

MICHIGAN

Counties in Region 1: Dade, Macomb, Washtenaw, Wayne, Monroe.

Counties in Region 2: Leelanau, Benzie, Grand Traverse, Charlevoix.

Scale: 0 10 20 30 40 50 miles

1 - Metropolitan-Macomb, Oakland, Washtenaw, Wayne
2 - Rural-Rest of the State

- 1 - Metropolitan-Macomb, Oakland, Washtenaw, Wayne
2 - Rural-Rest of the State

1984 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF MICHIGAN
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MICHIGAN
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	1	2	1	2	
1 INITIAL BRIEF OFFICE VISIT			40.00	30.90*	1
2 INITIAL LIMITED OFFICE VISIT	26.80*	23.90*	40.00	30.90*	2
3 INITIAL INTERMED OFFICE VISIT			40.00	30.90*	3
4 INITIAL COMP OFFICE VISIT			61.90*	50.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	16.50*	13.90*	20.60*	15.75*	5
6 BRIEF FOLLOWUP OFFICE VISIT			23.50*	15.75*	6
7 LIMITED FOLLOWUP OFFICE VISIT			30.90*	20.60*	7
8 INTERMEDIATE F/U OFFICE VISIT			30.90*	20.60*	8
9 EXTENDED F/U OFFICE VISIT	16.50*	13.90*	20.60*	23.50*	9
10 COMP FOLLOWUP OFFICE VISIT	26.80*	23.90*	40.00	30.90*	10
11 BRIEF FOLLOWUP HOME VISIT			30.90*	23.50*	11
12 LIMITED FOLLOWUP HOME VISIT			30.90*	23.50*	12
13 INTERMDIATE F/U HOME VISIT			30.90*	23.50*	13
14 EXTENDED CARE FACILITY VISIT					14
15 BRIEF F/U NURSING HOME VISIT			10.30*	7.90*	15
16 INITIAL BRIEF HOSPITAL VISIT	51.60	51.60			16
17 INIT INTERMED HOSPITAL VISIT					17
18 INITIAL COMP HOSPITAL VISIT					18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.00*	18.30*			19
20 LIMITED F/U HOSPITAL VISIT	20.00*	18.30*			20
21 INTERMED F/U HOSPITAL VISIT	20.00*	18.30*			21
22 EXTENDED F/U HOSPITAL VISIT					22
23 BRIEF EMERGENCY ROOM VISIT			30.90*	30.90*	23
24 LIMITED EMERGENCY ROOM VISIT			30.90*	30.90*	24
25 INTERMED EMERGENCY ROOM VISIT			30.90*	30.90*	25
26 LIMITED CONSULTATION	51.60*	50.50*	72.20*	61.90*	26
27 EXTENSIVE CONSULTATION			72.20*	61.90*	27
28 COMPREHENSIVE CONSULTATION			80.00*	80.00*	28
29 PSYCHOTHERAPY-ONE HOUR			70.00	75.00	29
30 PSYCHOTHERAPY-HALF HOUR			40.00	37.00	30
31 CHIROPRACTIC OFFICE VISIT	16.50*	14.40*			31
32 INITIAL PHYSIOTHERAPY					32
33 F/U PODIATRIC OFFICE VISIT			20.60*	23.50*	33
34 ELECTROCARDIOGRAM (EKG)			25.75*	25.75*	34
35 EKG-INTERPRET AND REPORT ONLY			20.60*	20.60*	35
36 SPIROMETRY			85.00	75.00	36
37 ELECTROENCEPHALOGRAM (EEG)			71.00*	71.00*	37
38 CHEMOTHERAPY			5.00	5.00	38
39 COLLECTION OF SPECIMENS			3.00	3.00	39
40 DEBRIDEMENT OF NAILS			40.70*	36.50*	40
41 SKIN BIOPSY			50.00*	49.90*	41
42 CHEMOCAUTERY			51.60*	39.25*	42
43 RADICAL MASTECTOMY			789.00	789.00*	43
44 OPEN REDUCTION OF FRACTURE			800.00*	800.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	48.00*	48.00*	48.00*	45.10*	45
46 CORONARY ARTERY BYPASS			3100.00*	3100.00*	46
47 TOTAL ARTIFICIAL HIP REPLACE			2062.75*	2300.00	47
48 NEEDLE PUNCTURE OF BURSA			41.30*	40.60*	48
49 BRONCHOSCOPY			238.00*	215.60*	49
50 THORACENTESIS			61.90*	47.60*	50
51 CATHERIZATION OF HEART			722.00*	722.00*	51
52 INSERTION OF PACEMAKER			1220.00	1000.00	52
53 PARTIAL COLECTOMY			979.80*	911.10*	53
54 APPENDECTOMY			399.00*	399.00*	54
55 SIGMOIDOSCOPY			47.00*	41.30*	55

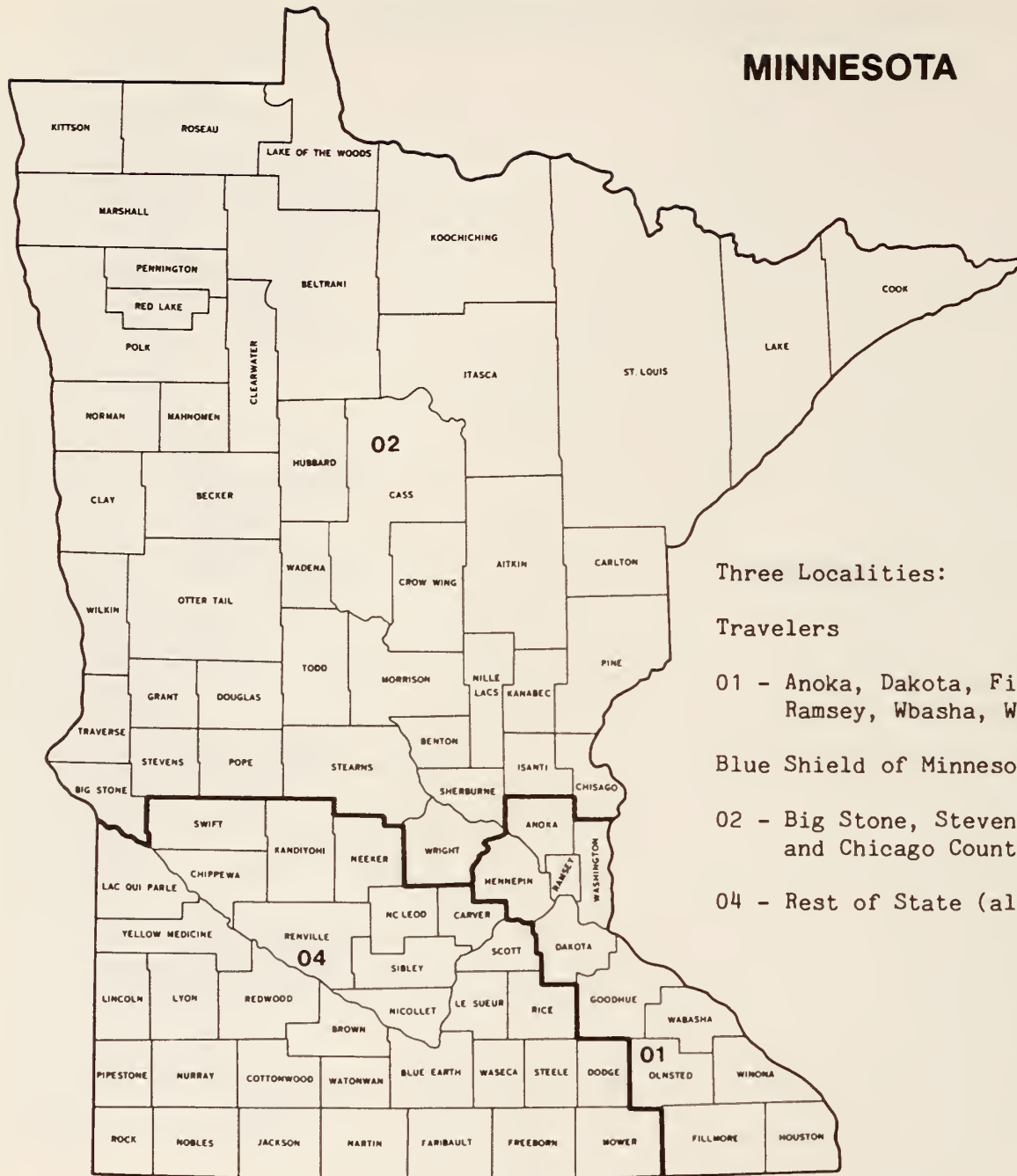
1984 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF MICHIGAN
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MICHIGAN
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	1	2	1	2	
56 HEMORRHOIDECTOMY			474.00*	445.60*	56
57 CHOLECYSTECTOMY			625.00*	625.00*	57
58 REPAIR HERNIA			405.00*	396.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY			144.40*	115.20*	59
60 DILATION OF URETHRA			30.90*	30.90*	60
61 PROSTATECTOMY - SUPRAPUBIC			1031.40*	928.20*	61
62 ELECTROSECTION-PROSTATE (TUR)			785.00*	785.00*	62
63 HYSTERECTOMY			1125.00*	1125.00*	63
64 INITIAL COMPLETE EYE EXAM			40.00	30.90*	64
65 COMPREHENSIVE EYE EXAM			40.00	30.90*	65
66 EYE EXAM WITH TONOMETRY			20.60*	23.50*	66
67 EXTRACTION OF LENS			825.00*	825.00*	67
68 CHEST X-RAY - SINGLE VIEW	20.60		20.60*	20.60*	68
69 CHEST X-RAY - TWO VIEWS			28.00*	28.00*	69
70 X-RAY SPINE			41.00	41.00*	70
71 X-RAY HIP			32.00*	32.00*	71
72 X-RAY UPPER GI TRACT			59.00*	59.00*	72
73 X-RAY COLON			59.00	59.00*	73
74 RADIATION THERAPY-LOW VOLT					74
75 RADIATION THERAPY-SUPER VOLT					75
76 RADIATION THERAPY-MEGAVOLT					76
77 CAT SCAN - HEAD			350.00	370.00	77
78 CAT SCAN - ABDOMEN			257.00*	257.00	78
79 THREE CHEMISTRY TESTS			7.00	7.00	79
80 NINETEEN CHEMISTRY TESTS			20.00	20.00	80
81 CULTURE - OTHER THAN BLOOD			25.00	20.00	81
82 HEMOGLOBIN			4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT			5.25	5.25	83
84 WHITE CELL COUNT			4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)			9.00L	9.00L	85
86 CHOLESTEROL TEST			5.50L	5.50L	86
87 FLOCCULATION TEST			6.50	7.50	87
88 HEMATOCRIT			4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)			7.20	7.00	89
90 POTASSIUM TEST - BLOOD			5.00	5.00	90
91 PROTHROMBIN TIME TEST			5.00L	5.00L	91
92 SEDIMENTATION RATE			4.25L	4.25L	92
93 BLOOD SUGAR			5.00L	5.00L	93
94 BUN-UREA - NITROGEN			5.00L	5.00L	94
95 URIC ACID			5.00L	5.00L	95
96 FECES-OCCULT BLOOD-SCREENING			8.50	6.75	96
97 PAP TEST			9.00L	9.00L	97
98 ROUTINE URINALYSIS			7.00	7.00	98
99 CHEMICAL URINALYSIS			3.00L	3.00L	99
100 PATHOLOGY - THREE SPECIMENS			35.00	26.00	100
101 ELEC MONITORING-PACEMAKER			32.00	32.00	101
102 DONOR NEPHRECTOMY-UNILATERAL			950.00*	928.20*	102
103 KIDNEY TRANSPLANT			2185.00	2185.00	103
104 HOSPITAL BED - RENTAL			85.00	90.00	104
105 WALKER - RENTAL			20.00	16.00	105
106 WHEELCHAIR - RENTAL			31.20	31.20	106
107 LIQUID OXYGEN - RENTAL					107
108 HOSPITAL BED - PURCHASE			800.00	800.00	108
109 WALKER - PURCHASE			35.00	40.00	109
110 WHEELCHAIR - PURCHASE			320.00	320.00	110

MINNESOTA

MINNESOTA



Three Localities:

Travelers

01 - Anoka, Dakota, Filmore, Goodhue, Hennepin, Houston, Olmstead, Ramsey, Wbasha, Washingotn, and Winona Counties

Blue Shield of Minnesota

02 - Big Stone, Stevens, Pope, Stearns, Wright, Sherburne, Isanti, and Chicago Counties and all points North

04 - Rest of State (also excluding Travelers' localities)

1984 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MINNESOTA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 1	
1 INITIAL BRIEF OFFICE VISIT		16.30*	1
2 INITIAL LIMITED OFFICE VISIT	20.00	26.00	2
3 INITIAL INTERMED OFFICE VISIT		41.20*	3
4 INITIAL COMP OFFICE VISIT	51.50*	82.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	14.40*		5
6 BRIEF FOLLOWUP OFFICE VISIT			6
7 LIMITED FOLLOWUP OFFICE VISIT			7
8 INTERMEDIATE F/U OFFICE VISIT			8
9 EXTENDED F/U OFFICE VISIT	25.00		9
10 COMP FOLLOWUP OFFICE VISIT			10
11 BRIEF FOLLOWUP HOME VISIT	24.80*	30.90*	11
12 LIMITED FOLLOWUP HOME VISIT		37.20*	12
13 INTERMDIATE F/U HOME VISIT	25.00	53.50	13
14 EXTENDED CARE FACILITY VISIT		20.70*	14
15 BRIEF F/U NURSING HOME VISIT	14.40*	16.30*	15
16 INITIAL BRIEF HOSPITAL VISIT	27.00	40.00	16
17 INIT INTERMED HOSPITAL VISIT		51.50*	17
18 INITIAL COMP HOSPITAL VISIT	51.50*	82.60*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.40*	20.70*	19
20 LIMITED F/U HOSPITAL VISIT			20
21 INTERMED F/U HOSPITAL VISIT			21
22 EXTENDED F/U HOSPITAL VISIT			22
23 BRIEF EMERGENCY ROOM VISIT		20.70*	23
24 LIMITED EMERGENCY ROOM VISIT		30.90*	24
25 INTERMED EMERGENCY ROOM VISIT		41.20*	25
26 LIMITED CONSULTATION	20.70*	30.90*	26
27 EXTENSIVE CONSULTATION		72.20*	27
28 COMPREHENSIVE CONSULTATION		103.00*	28
29 PSYCHOTHERAPY-ONE HOUR		82.60*	29
30 PSYCHOTHERAPY-HALF HOUR		45.00	30
31 CHIROPRACTIC OFFICE VISIT	14.30*	16.30*	31
32 INITIAL PHYSIOTHERAPY		15.20*	32
33 F/U PODIATRIC OFFICE VISIT		14.40*	33
34 ELECTROCARDIOGRAM (EKG)	29.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.00	11.30*	35
36 SPIROMETRY		22.00	36
37 ELECTROENCEPHALOGRAM (EEG)		82.60*	37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS		3.00	39
40 DEBRIDEMENT OF NAILS		16.00	40
41 SKIN BIOPSY		40.00	41
42 CHEMOCAUTERY			42
43 RADICAL MASTECTOMY		804.50*	43
44 OPEN REDUCTION OF FRACTURE		1031.50*	44
45 ARTHROCENTESIS-MAJOR JOINT			45
46 CORONARY ARTERY BYPASS		3665.10*	46
47 TOTAL ARTIFICIAL HIP REPLACE		2124.20*	47
48 NEEDLE PUNCTURE OF BURSA		30.90*	48
49 BRONCHOSCOPY		247.50*	49
50 THORACENTESIS		51.50*	50
51 CATHERIZATION OF HEART		618.90*	51
52 INSERTION OF PACEMAKER		1165.60*	52
53 PARTIAL COLECTOMY		1134.50*	53
54 APPENDECTOMY		515.60*	54
55 SIGMOIDOSCOPY		41.20*	55

1984 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MINNESOTA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 1	
56 HEMORRHOIDECTOMY		474.50*	56
57 CHOLECYSTECTOMY		742.60*	57
58 REPAIR HERNIA		515.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	61.90*	61.90*	59
60 DILATION OF URETHRA		20.70*	60
61 PROSTATECTOMY - SUPRAPUBIC		990.10*	61
62 ELECTROSECTION-PROSTATE (TUR)	1045.00	928.20*	62
63 HYSTERECTOMY		928.20*	63
64 INITIAL COMPLETE EYE EXAM		36.00	64
65 COMPREHENSIVE EYE EXAM			65
66 EYE EXAM WITH TONOMETRY		20.00	66
67 EXTRACTION OF LENS		928.20*	67
68 CHEST X-RAY - SINGLE VIEW	24.80*	22.75*	68
69 CHEST X-RAY - TWO VIEWS	30.90*	30.90*	69
70 X-RAY SPINE		51.50*	70
71 X-RAY HIP		41.20*	71
72 X-RAY UPPER GI TRACT		61.90*	72
73 X-RAY COLON	65.90*	61.90*	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT		28.00	75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD		298.40*	77
78 CAT SCAN - ABDOMEN		335.00*	78
79 THREE CHEMISTRY TESTS		30.00	79
80 NINETEEN CHEMISTRY TESTS			80
81 CULTURE - OTHER THAN BLOOD		14.00	81
82 HEMOGLOBIN		5.00L	82
83 AUTOMATED BLOOD COUNT			83
84 WHITE CELL COUNT		5.00L	84
85 COMPLETE BLOOD COUNT (CBC)		12.00L	85
86 CHOLESTEROL TEST		7.00L	86
87 FLOCCULATION TEST		9.00	87
88 HEMATOCRIT		4.00L	88
89 PLATELET COUNT (REES-ECKER)		13.00	89
90 POTASSIUM TEST - BLOOD		10.00	90
91 PROTHROMBIN TIME TEST		6.50L	91
92 SEDIMENTATION RATE		5.00L	92
93 BLOOD SUGAR		5.75L	93
94 BUN-UREA - NITROGEN		6.00L	94
95 URIC ACID		6.50L	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		11.00L	97
98 ROUTINE URINALYSIS		5.75L	98
99 CHEMICAL URINALYSIS		5.30	99
100 PATHOLOGY - THREE SPECIMENS		25.00	100
101 ELEC MONITORING-PACEMAKER		26.00	101
102 DONOR NEPHRECTOMY-UNILATERAL		1134.50	102
103 KIDNEY TRANSPLANT		2375.70	103
104 HOSPITAL BED - RENTAL		70.00	104
105 WALKER - RENTAL		23.00	105
106 WHEELCHAIR - RENTAL		37.00	106
107 LIQUID OXYGEN - RENTAL		98.00	107
108 HOSPITAL BED - PURCHASE		450.00L	108
109 WALKER - PURCHASE		45.00	109
110 WHEELCHAIR - PURCHASE		276.00L	110

1984 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF MINNESOTA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MINNESOTA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	02	04	02	04	
1 INITIAL BRIEF OFFICE VISIT					1
2 INITIAL LIMITED OFFICE VISIT					2
3 INITIAL INTERMED OFFICE VISIT					3
4 INITIAL COMP OFFICE VISIT	43.00	41.30*	61.90*	70.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	10.00	6.00	11.25	7.00	5
6 BRIEF FOLLOWUP OFFICE VISIT					6
7 LIMITED FOLLOWUP OFFICE VISIT	12.40*	12.40*	20.60*	20.60*	7
8 INTERMEDIATE F/U OFFICE VISIT					8
9 EXTENDED F/U OFFICE VISIT					9
10 COMP FOLLOWUP OFFICE VISIT	19.30*	21.70*	31.00*	28.10*	10
11 BRIEF FOLLOWUP HOME VISIT	22.00	23.00	25.00	26.60	11
12 LIMITED FOLLOWUP HOME VISIT					12
13 INTERMDIATE F/U HOME VISIT	30.00	25.00	29.25	28.00	13
14 EXTENDED CARE FACILITY VISIT			14.40*	12.40*	14
15 BRIEF F/U NURSING HOME VISIT					15
16 INITIAL BRIEF HOSPITAL VISIT	31.00*	41.30*	51.60*	56.00	16
17 INIT INTERMED HOSPITAL VISIT			61.90*	41.30*	17
18 INITIAL COMP HOSPITAL VISIT	61.90*	55.00	74.30*	85.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	10.30*	12.40*	14.40*	14.40*	19
20 LIMITED F/U HOSPITAL VISIT	22.30*	25.20*	29.30*	28.10*	20
21 INTERMED F/U HOSPITAL VISIT					21
22 EXTENDED F/U HOSPITAL VISIT					22
23 BRIEF EMERGENCY ROOM VISIT					23
24 LIMITED EMERGENCY ROOM VISIT					24
25 INTERMED EMERGENCY ROOM VISIT			28.00	28.10*	25
26 LIMITED CONSULTATION	20.00	39.90	41.00	51.60*	26
27 EXTENSIVE CONSULTATION			72.20*	70.00	27
28 COMPREHENSIVE CONSULTATION			89.50*	75.00	28
29 PSYCHOTHERAPY-ONE HOUR					29
30 PSYCHOTHERAPY-HALF HOUR			19.00*	18.20*	30
31 CHIROPRACTIC OFFICE VISIT			10.70*	10.70*	31
32 INITIAL PHYSIOTHERAPY					32
33 F/U PODIATRIC OFFICE VISIT			14.40*	14.40*	33
34 ELECTROCARDIOGRAM (EKG)	30.00	30.00	35.00	28.00	34
35 EKG-INTERPRET AND REPORT ONLY	14.00	15.50*	12.00	12.00	35
36 SPIROMETRY			20.00	20.00	36
37 ELECTROENCEPHALOGRAM (EEG)			82.00	90.00	37
38 CHEMOTHERAPY			20.40*	3.30*	38
39 COLLECTION OF SPECIMENS			7.00*	7.00*	39
40 DEBRIDEMENT OF NAILS			15.00	15.50*	40
41 SKIN BIOPSY			41.30*	39.40*	41
42 CHEMOCAUTERY			44.00	20.00	42
43 RADICAL MASTECTOMY			791.20*	791.20*	43
44 OPEN REDUCTION OF FRACTURE			990.25*	990.25*	44
45 ARTHROCENTESIS-MAJOR JOINT	31.00*	25.80*	31.00*	31.00*	45
46 CORONARY ARTERY BYPASS					46
47 TOTAL ARTIFICIAL HIP REPLACE			1881.50*	1848.50*	47
48 NEEDLE PUNCTURE OF BURSA					48
49 BRONCHOSCOPY			206.30*	206.30*	49
50 THORACENTESIS			41.30*	41.30*	50
51 CATHERIZATION OF HEART					51
52 INSERTION OF PACEMAKER					52
53 PARTIAL COLECTOMY			990.25*	825.20*	53
54 APPENDECTOMY	524.00*	524.00*	519.90*	519.90*	54
55 SIGMOIDOSCOPY			37.10*	31.00*	55

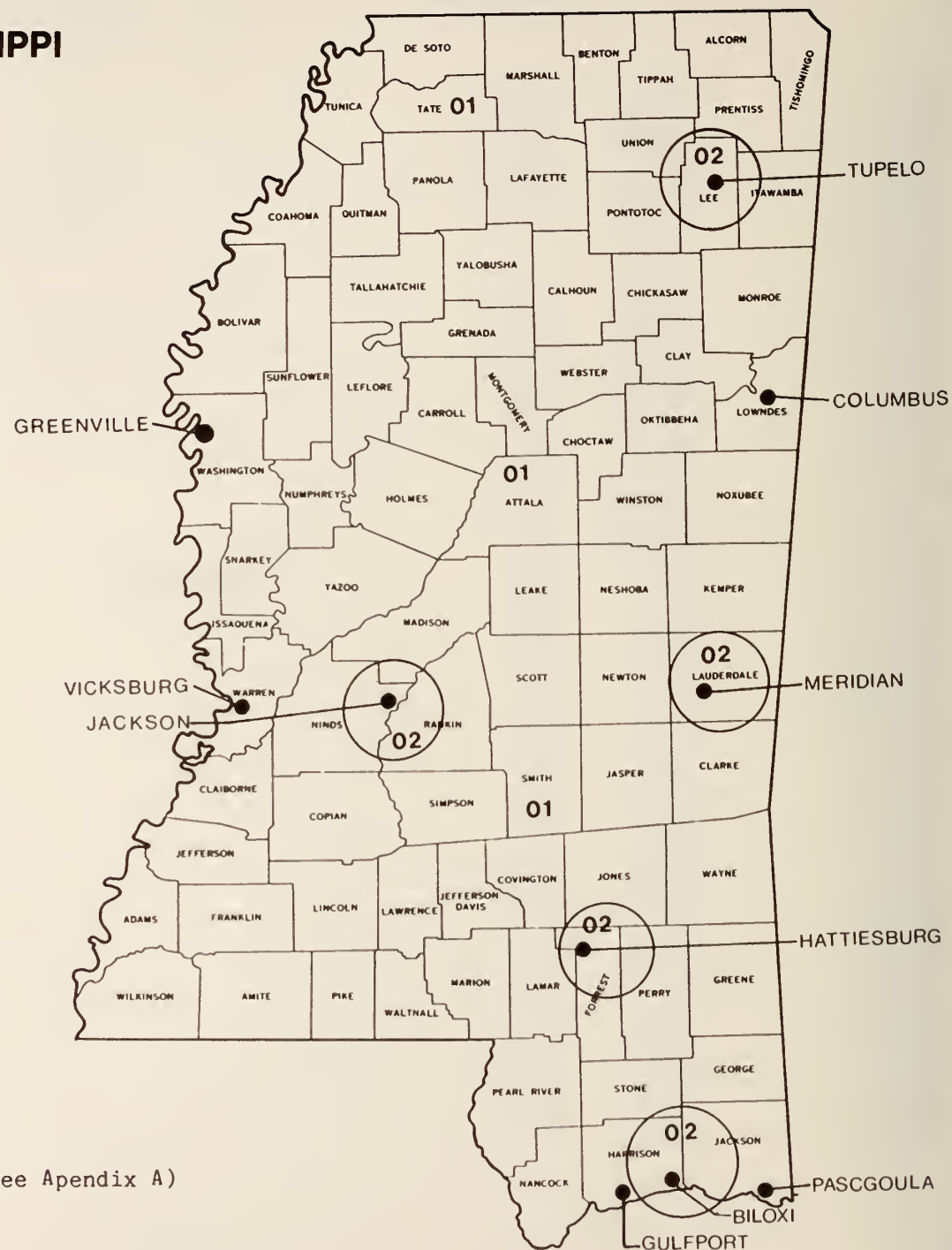
1984 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF MINNESOTA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MINNESOTA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	02	04	02	04	
56 HEMORRHOIDECTOMY			389.90*	371.30*	56
57 CHOLECYSTECTOMY			742.70*	722.10*	57
58 REPAIR HERNIA			464.20*	433.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY			61.90*	61.90*	59
60 DILATION OF URETHRA			22.70*	20.60*	60
61 PROSTATECTOMY - SUPRAPUBIC			990.25*	990.25*	61
62 ELECTROSECTION-PROSTATE (TUR)		1039.80*	1134.70*	990.25*	62
63 HYSTERECTOMY			825.20*	825.20*	63
64 INITIAL COMPLETE EYE EXAM					64
65 COMPREHENSIVE EYE EXAM					65
66 EYE EXAM WITH TONOMETRY			34.80	34.80	66
67 EXTRACTION OF LENS			825.20*	825.20*	67
68 CHEST X-RAY - SINGLE VIEW	22.70*	24.80*	24.80*	24.80*	68
69 CHEST X-RAY - TWO VIEWS	37.00	31.00*	37.00	36.10	69
70 X-RAY SPINE			47.50	47.50	70
71 X-RAY HIP			42.60*	42.60*	71
72 X-RAY UPPER GI TRACT		72.20*	61.50	61.50	72
73 X-RAY COLON			35.70*	35.70*	73
74 RADIATION THERAPY-LOW VOLT			25.00	25.00	74
75 RADIATION THERAPY-SUPER VOLT			25.00	25.00	75
76 RADIATION THERAPY-MEGAVOLT					76
77 CAT SCAN - HEAD			260.40*	260.40*	77
78 CAT SCAN - ABDOMEN			16.10*	16.10*	78
79 THREE CHEMISTRY TESTS			26.00	27.20	79
80 NINETEEN CHEMISTRY TESTS			28.00	30.00	80
81 CULTURE - OTHER THAN BLOOD			13.80	12.00	81
82 HEMOGLOBIN			6.00	6.20	82
83 AUTOMATED BLOOD COUNT			17.25	13.00	83
84 WHITE CELL COUNT			6.50	6.50	84
85 COMPLETE BLOOD COUNT (CBC)			18.50	20.00	85
86 CHOLESTEROL TEST			11.00	10.00	86
87 FLOCCULATION TEST			7.50	11.50	87
88 HEMATOCRIT					88
89 PLATELET COUNT (REES-ECKER)			10.00	9.50	89
90 POTASSIUM TEST - BLOOD			11.00	10.00	90
91 PROTHROMBIN TIME TEST			9.50	9.70	91
92 SEDIMENTATION RATE			7.50	7.00	92
93 BLOOD SUGAR			11.00	10.00	93
94 BUN-UREA - NITROGEN			11.00	10.00	94
95 URIC ACID			11.00	12.00	95
96 FECES-OCCULT BLOOD-SCREENING			5.00	5.50	96
97 PAP TEST			13.00	14.00	97
98 ROUTINE URINALYSIS			8.00	8.25	98
99 CHEMICAL URINALYSIS			5.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS			30.50	27.25	100
101 ELEC MONITORING-PACEMAKER			22.00	22.50	101
102 DONOR NEPHRECTOMY-UNILATERAL					102
103 KIDNEY TRANSPLANT					103
104 HOSPITAL BED - RENTAL			70.00L	70.00L	104
105 WALKER - RENTAL			10.00	10.00	105
106 WHEELCHAIR - RENTAL			15.00L	15.00L	106
107 LIQUID OXYGEN - RENTAL			250.00	250.00	107
108 HOSPITAL BED - PURCHASE					108
109 WALKER - PURCHASE			50.00	50.00	109
110 WHEELCHAIR - PURCHASE			275.00L	275.00L	110

MISSISSIPPI

MISSISSIPPI



Two Localities:

01 - Rural

02 - Metropolitan

(For more locality information see Appendix A)

1984 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSISSIPPI
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 2	AREA 1	AREA 2	
1 INITIAL BRIEF OFFICE VISIT			14.60*	14.60*	1
2 INITIAL LIMITED OFFICE VISIT	16.30*	20.70*	20.00	20.70*	2
3 INITIAL INTERMED OFFICE VISIT					3
4 INITIAL COMP OFFICE VISIT	20.70*	20.00	41.20*	60.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	10.30*	12.40*	14.40*	16.30*	5
6 BRIEF FOLLOWUP OFFICE VISIT					6
7 LIMITED FOLLOWUP OFFICE VISIT					7
8 INTERMEDIATE F/U OFFICE VISIT					8
9 EXTENDED F/U OFFICE VISIT					9
10 COMP FOLLOWUP OFFICE VISIT					10
11 BRIEF FOLLOWUP HOME VISIT	20.70*	20.70*	20.70*	24.80*	11
12 LIMITED FOLLOWUP HOME VISIT					12
13 INTERMDIATE F/U HOME VISIT	25.00	25.00	30.00	30.90*	13
14 EXTENDED CARE FACILITY VISIT			14.40*	16.30*	14
15 BRIEF F/U NURSING HOME VISIT	10.30*		14.40*	16.30*	15
16 INITIAL BRIEF HOSPITAL VISIT	30.90*	41.20*	50.00	51.50*	16
17 INIT INTERMED HOSPITAL VISIT					17
18 INITIAL COMP HOSPITAL VISIT					18
19 BRIEF FOLLOWUP HOSPITAL VISIT	10.30*	12.40*	10.30*	15.50*	19
20 LIMITED F/U HOSPITAL VISIT					20
21 INTERMED F/U HOSPITAL VISIT	20.00	20.00	20.70*	20.70*	21
22 EXTENDED F/U HOSPITAL VISIT					22
23 BRIEF EMERGENCY ROOM VISIT			17.70*	24.80*	23
24 LIMITED EMERGENCY ROOM VISIT					24
25 INTERMED EMERGENCY ROOM VISIT			24.80*	30.90*	25
26 LIMITED CONSULTATION	30.90*	30.90*	37.20*	51.50*	26
27 EXTENSIVE CONSULTATION			51.50*	61.90*	27
28 COMPREHENSIVE CONSULTATION			70.00	72.20*	28
29 PSYCHOTHERAPY-ONE HOUR			51.50*	51.50*	29
30 PSYCHOTHERAPY-HALF HOUR			35.00	41.20*	30
31 CHIROPRACTIC OFFICE VISIT	9.60*	9.60*	10.50*	15.00*	31
32 INITIAL PHYSIOTHERAPY			20.00	20.70*	32
33 F/U PODIATRIC OFFICE VISIT			10.30*	12.40*	33
34 ELECTROCARDIOGRAM (EKG)	30.00	30.90*	30.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	6.00	10.00	8.00	8.40	35
36 SPIROMETRY			45.00	40.00	36
37 ELECTROENCEPHALOGRAM (EEG)			72.20*	72.20*	37
38 CHEMOTHERAPY					38
39 COLLECTION OF SPECIMENS			6.00	6.00	39
40 DEBRIDEMENT OF NAILS			20.00	20.00	40
41 SKIN BIOPSY			30.90*	30.90*	41
42 CHEMOCAUTERY					42
43 RADICAL MASTECTOMY			750.90*	929.40*	43
44 OPEN REDUCTION OF FRACTURE					44
45 ARTHROCENTESIS-MAJOR JOINT	30.90*		19.40*	21.40*	45
46 CORONARY ARTERY BYPASS				3010.00	46
47 TOTAL ARTIFICIAL HIP REPLACE			2400.00	2144.20*	47
48 NEEDLE PUNCTURE OF BURSA					48
49 BRONCHOSCOPY			185.60*	185.60*	49
50 THORACENTESIS			30.90*	32.90*	50
51 CATHERIZATION OF HEART					51
52 INSERTION OF PACEMAKER			1020.00	1020.00	52
53 PARTIAL COLECTOMY			901.00*	857.90*	53
54 APPENDECTOMY	500.00		480.60*	510.00	54
55 SIGMOIDOSCOPY			30.90*	50.00	55

1984 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSISSIPPI
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 2	AREA 1	AREA 2	
56 HEMORRHOIDECTOMY			225.00*	258.60*	56
57 CHOLECYSTECTOMY			721.90*	773.60*	57
58 REPAIR HERNIA			412.60*	515.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY			51.50*	51.50*	59
60 DILATION OF URETHRA			20.70*	18.00	60
61 PROSTATECTOMY - SUPRAPUBIC			825.20*	825.20*	61
62 ELECTROSECTION-PROSTATE (TUR)			825.20*	825.20*	62
63 HYSTERECTOMY		.	928.20*	928.20*	63
64 INITIAL COMPLETE EYE EXAM			30.00	30.00	64
65 COMPREHENSIVE EYE EXAM					65
66 EYE EXAM WITH TONOMETRY			15.00	7.90*	66
67 EXTRACTION OF LENS			825.20*	825.20*	67
68 CHEST X-RAY - SINGLE VIEW	20.70*	22.00	20.70*	20.00	68
69 CHEST X-RAY - TWO VIEWS	30.90*	40.50	30.90*	30.90*	69
70 X-RAY SPINE			51.50*	51.50*	70
71 X-RAY HIP			28.30*	28.30*	71
72 X-RAY UPPER GI TRACT	72.20*	72.20*	61.90*	61.90*	72
73 X-RAY COLON			61.90*	61.90*	73
74 RADIATION THERAPY-LOW VOLT			24.25	24.25	74
75 RADIATION THERAPY-SUPER VOLT					75
76 RADIATION THERAPY-MEGAVOLT					76
77 CAT SCAN - HEAD			325.00	270.90*	77
78 CAT SCAN - ABDOMEN			353.90*	275.30*	78
79 THREE CHEMISTRY TESTS					79
80 NINETEEN CHEMISTRY TESTS					80
81 CULTURE - OTHER THAN BLOOD			19.00	25.00	81
82 HEMOGLOBIN			4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					83
84 WHITE CELL COUNT			5.00	5.00L	84
85 COMPLETE BLOOD COUNT (CBC)			10.00L	10.00L	85
86 CHOLESTEROL TEST			9.00L	9.00L	86
87 FLOCCULATION TEST			9.00	11.00	87
88 HEMATOCRIT			4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)			10.50	10.00	89
90 POTASSIUM TEST - BLOOD			10.00	13.00	90
91 PROTHROMBIN TIME TEST			7.12L	7.12L	91
92 SEDIMENTATION RATE			6.00L	6.00L	92
93 BLOOD SUGAR			7.00L	7.00L	93
94 BUN-UREA - NITROGEN			8.00L	8.00L	94
95 URIC ACID			8.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING			5.00	6.00	96
97 PAP TEST			7.50L	7.50L	97
98 ROUTINE URINALYSIS			5.00L	5.00L	98
99 CHEMICAL URINALYSIS			5.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS			27.00	32.00	100
101 ELEC MONITORING-PACEMAKER			40.00*	37.70*	101
102 DONOR NEPHRECTOMY-UNILATERAL			1148.80*	857.90*	102
103 KIDNEY TRANSPLANT			2330.30	2330.30	103
104 HOSPITAL BED - RENTAL			50.00L	50.00L	104
105 WALKER - RENTAL			15.75	15.75	105
106 WHEELCHAIR - RENTAL			26.75L	26.75L	106
107 LIQUID OXYGEN - RENTAL					107
108 HOSPITAL BED - PURCHASE			367.32L	367.32L	108
109 WALKER - PURCHASE			45.00	45.00	109
110 WHEELCHAIR - PURCHASE			285.00L	285.00L	110

MISSOURI

Map of Missouri showing county boundaries and names. Numbered regions (1, 2, 3) and localities (1, 2, 3) are marked. Localities include St. Joseph, Kansas City, Independence, Jackson, St. Louis, Jefferson City, Columbia, Hannibal, Kirksville, Springfield, Joplin, Cape Girardeau, Sikeston, Poplar Bluff, and Fort Leonard Wood. County names are labeled throughout the state.

Seven Localities:

1,2,3 - General American Life

1,2,3 - General American Life

01, 02, 03, 06 - Blue Shield of Kansas City - Missouri

(For more locality information see Appendix A)

1984 PREVAILING CHARGE SUMMARY DATA GENERAL AMERICAN LIFE INSURANCE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSOURI
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 2	AREA 3	AREA 1	AREA 2	AREA 3	
1 INITIAL BRIEF OFFICE VISIT				30.00	40.00	25.00	1
2 INITIAL LIMITED OFFICE VISIT	20.00	15.00	16.00	50.00	61.90*	25.00	2
3 INITIAL INTERMED OFFICE VISIT				50.00	61.90*	25.00	3
4 INITIAL COMP OFFICE VISIT	10.00*	30.70*	25.00	75.00	63.90*	40.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.50*	5.00	4.80*	6.60*	3.00	3.40*	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.40*	13.30*	10.30*	18.50*	16.30*	14.00*	6
7 LIMITED FOLLOWUP OFFICE VISIT	15.90*	15.00*	14.00*	19.50*	21.00	14.20*	7
8 INTERMEDIATE F/U OFFICE VISIT	17.00	18.00	15.00	24.00	22.00	15.00	8
9 EXTENDED F/U OFFICE VISIT	18.00	18.00	16.50	25.00	20.00	18.00	9
10 COMP FOLLOWUP OFFICE VISIT	17.00	23.00	25.00	60.00	30.00	30.00	10
11 BRIEF FOLLOWUP HOME VISIT	25.00	20.70*	20.00	20.30*	20.00	20.70*	11
12 LIMITED FOLLOWUP HOME VISIT							12
13 INTERMEDIATE F/U HOME VISIT	25.00	20.70*	20.00	20.30*	20.00	20.70*	13
14 EXTENDED CARE FACILITY VISIT				11.20*	16.10*	12.80*	14
15 BRIEF F/U NURSING HOME VISIT	14.40	13.30	10.30	18.50*	16.30*	14.00	15
16 INITIAL BRIEF HOSPITAL VISIT	42.40*	44.20*	44.40*	54.20*	55.00	50.00	16
17 INIT INTERMED HOSPITAL VISIT				70.00	67.80*	56.70*	17
18 INITIAL COMP HOSPITAL VISIT	45.40*	35.00	53.70*	87.00	61.40*	50.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.00	16.30*	13.10*	20.40*	16.30*	15.50*	19
20 LIMITED F/U HOSPITAL VISIT	20.00	20.00	20.00	27.00	25.00	20.00	20
21 INTERMED F/U HOSPITAL VISIT	20.00	20.00	20.00	27.00	25.00	20.00	21
22 EXTENDED F/U HOSPITAL VISIT				27.00	25.00	20.00	22
23 BRIEF EMERGENCY ROOM VISIT				31.00*	20.70*	24.70*	23
24 LIMITED EMERGENCY ROOM VISIT				31.00*	20.70*	24.70*	24
25 INTERMED EMERGENCY ROOM VISIT				31.00*	20.70*	24.70*	25
26 LIMITED CONSULTATION	25.00*	27.80*	38.30*	60.00	50.00	45.80*	26
27 EXTENSIVE CONSULTATION				90.00	61.40*	66.70*	27
28 COMPREHENSIVE CONSULTATION				90.00	61.40*	66.70*	28
29 PSYCHOTHERAPY-ONE HOUR				80.00	60.00	88.80	29
30 PSYCHOTHERAPY-HALF HOUR				40.00	30.00	44.40	30
31 CHIROPRACTIC OFFICE VISIT				14.60*	12.90*	11.30*	31
32 INITIAL PHYSIOTHERAPY				26.00			32
33 F/U PODIATRIC OFFICE VISIT				16.30*	16.30*	16.00	33
34 ELECTROCARDIOGRAM (EKG)	31.00*	25.00	27.50	30.75	30.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY				6.50	8.00	9.00	35
36 SPIROMETRY				30.00	20.70*	32.50*	36
37 ELECTROENCEPHALOGRAM (EEG)				80.00	62.60*	55.00*	37
38 CHEMOTHERAPY				22.50*	21.40	21.30*	38
39 COLLECTION OF SPECIMENS				3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS				16.00*		16.00*	40
41 SKIN BIOPSY				45.00	31.00*	40.00	41
42 CHEMOCAUTERY				25.00	25.00	25.00	42
43 RADICAL MASTECTOMY				963.00	901.50*	829.75*	43
44 OPEN REDUCTION OF FRACTURE				1026.50*	999.40*	1131.60*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00*	25.00*	15.00	28.20*	29.50*	24.00*	45
46 CORONARY ARTERY BYPASS				3600.00	2466.50*		46
47 TOTAL ARTIFICIAL HIP REPLACE				1122.30*			47
48 NEEDLE PUNCTURE OF BURSA				15.00	12.50*	15.00	48
49 BRONCHOSCOPY				154.75*	206.30*	154.75*	49
50 THORACENTESIS				69.30*	51.50*	54.90*	50
51 CATHETERIZATION OF HEART				598.20*	500.00		51
52 INSERTION OF PACEMAKER				850.00	722.00*	850.00	52
53 PARTIAL COLECTOMY				1055.10*	937.60*	877.00*	53
54 APPENDECTOMY	450.00*		450.00*	455.00	450.00*	550.00	54
55 SIGMOIDOSCOPY				50.00	40.00	42.90*	55

1984 PREVAILING CHARGE SUMMARY DATA GENERAL AMERICAN LIFE INSURANCE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSOURI
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 2	AREA 3	AREA 1	AREA 2	AREA 3	
56 HEMORRHOIDECTOMY				412.70*	386.80*	258.00*	56
57 CHOLECYSTECTOMY				845.10*	717.90*	696.60*	57
58 REPAIR HERNIA				516.10*	435.80*	442.70*	58
59 DIAGNOSTIC CYSTDURETHRDSCDPY	42.90*		70.00	63.20*	68.10*	56.50*	59
60 DILATION OF URETHRA				25.00	20.70*	15.00	60
61 PROSTATECTOMY - SUPRAPUBIC				1041.20*	825.40*	969.80*	61
62 ELECTROSECTION-PROSTATE (TUR)				928.40*	825.40*	889.00*	62
63 HYSTERECTOMY				1004.10*	773.90*	742.70*	63
64 INITIAL COMPLETE EYE EXAM				32.00	28.90*	25.90*	64
65 COMPREHENSIVE EYE EXAM				32.00	28.90*	25.90*	65
66 EYE EXAM WITH TONOMETRY				32.00	28.90*	25.90*	66
67 EXTRACTION OF LENS				1049.50*	868.60*	889.00*	67
68 CHEST X-RAY - SINGLE VIEW	31.00*	20.70*	23.90*	31.00*	20.70*		68
69 CHEST X-RAY - TWO VIEWS	45.80*	34.60*	34.60*	41.80*	29.50	24.90*	69
70 X-RAY SPINE				49.00*	37.20*		70
71 X-RAY HIP				41.20*	37.20*		71
72 X-RAY UPPER GI TRACT	62.00	61.90*	55.00	90.40*	61.90*		72
73 X-RAY COLON				80.20*	54.90*		73
74 RADIATION THERAPY-LOW VOLT				25.00	25.00		74
75 RADIATION THERAPY-SUPER VOLT				29.40*	25.50*		75
76 RADIATION THERAPY-MEGAVOLT				29.40*	25.50*		76
77 CAT SCAN - HEAD				225.00	84.25*P	90.00 P	77
78 CAT SCAN - ABDOMEN				72.30*P	89.80*P	96.20*P	78
79 THREE CHEMISTRY TESTS				31.75	36.00	33.00	79
80 NINETEEN CHEMISTRY TESTS				30.00	28.00	35.00	80
81 CULTURE - OTHER THAN BLOOD				18.00	25.00	8.00	81
82 HEMOGLOBIN				3.00L	4.00L	3.00L	82
83 AUTOMATED BLOOD COUNT							83
84 WHITE CELL COUNT				3.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)				9.00L	9.00L	10.00L	85
86 CHOLESTEROL TEST				7.50L	6.00L	6.00L	86
87 FLOCCULATION TEST				9.50	8.00	8.50	87
88 HEMATOCRIT				3.00L	4.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)				11.00	8.00	9.00	89
90 POTASSIUM TEST - BLOOD				10.00	11.00	12.00	90
91 PROTHROMBIN TIME TEST				6.00L	6.00L	6.00L	91
92 SEDIMENTATION RATE				6.00L	6.00L	6.00L	92
93 BLOOD SUGAR				6.00L	7.00L	6.00L	93
94 BUN-UREA - NITROGEN				7.00L	8.25L	7.00L	94
95 URIC ACID				7.00L	10.00L	6.00L	95
96 FECES-OCCULT BLOOD-SCREENING				5.00	6.00	5.00	96
97 PAP TEST				8.00L	7.50L	6.00L	97
98 ROUTINE URINALYSIS				4.00L	5.00L	4.00L	98
99 CHEMICAL URINALYSIS				5.00	3.50	3.00	99
100 PATHOLOGY - THREE SPECIMENS				27.50	26.00	28.00	100
101 ELEC MONITORING-PACEMAKER				30.00	28.00	28.00	101
102 DONOR NEPHRECTOMY-UNILATERAL				1080.00	856.30*	945.90*	102
103 KIDNEY TRANSPLANT							103
104 HOSPITAL BED - RENTAL				59.50L	54.00L	79.80L	104
105 WALKER - RENTAL				22.20	15.00	18.00	105
106 WHEELCHAIR - RENTAL				29.50L	30.00L	26.00L	106
107 LIQUID OXYGEN - RENTAL				65.00	65.00	65.00	107
108 HOSPITAL BED - PURCHASE				570.00L	570.00	570.00L	108
109 WALKER - PURCHASE				56.50	59.00	49.50	109
110 WHEELCHAIR - PURCHASE				379.00L	380.40L	341.00L	110

1984 PREVAILING CHARGE SUMMARY DATA B/S OF KANSAS CITY, MISSOURI
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSOURI
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 01	AREA 02	AREA 03	AREA 06	AREA 01	AREA 02	AREA 03	AREA 06	
1 INITIAL BRIEF OFFICE VISIT					14.40*	20.70*	20.70*	20.00	1
2 INITIAL LIMITED OFFICE VISIT	14.40*	12.20*	16.70*	10.30*	14.40*	20.70*	20.70*	20.00	2
3 INITIAL INTERMED OFFICE VISIT					20.00	24.00	25.00	15.00	3
4 INITIAL COMP OFFICE VISIT	25.00 *	41.20*	72.20*	25.00	35.90	41.20*	72.20*	50.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.00	6.20*	4.00*	8.00	1.00	10.00	10.00	10.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.40*	12.20*	16.70*	10.30*	14.40*	20.70*	20.70*	20.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	14.40*	12.20*	16.70*	10.30*	14.40*	20.70*	20.70*	20.00	7
8 INTERMEDIATE F/U OFFICE VISIT	17.00	16.00	20.00	15.00	20.00	24.00	25.00	15.00	8
9 EXTENDED F/U OFFICE VISIT	20.00	25.00	30.00	12.20*	25.00	32.90*	31.00*	22.00	9
10 COMP FOLLOWUP OFFICE VISIT	31.00*	35.00	45.00	31.00	51.50*	51.50*	61.90*	50.00	10
11 BRIEF FOLLOWUP HOME VISIT	25.00	20.70*	20.00	16.70*	25.00	20.70*	20.00	16.70*	11
12 LIMITED FOLLOWUP HOME VISIT					25.00	20.70*	20.00	16.70*	12
13 INTERMDIATE F/U HOME VISIT	25.00	24.80*	38.00	25.00	25.00	24.80*	38.00	25.00	13
14 EXTENDED CARE FACILITY VISIT					10.00	31.00*	25.00	15.50*	14
15 BRIEF F/U NURSING HOME VISIT	14.40*	12.20*	16.70*	10.30*	14.40*	20.70*	20.70*	17.00	15
16 INITIAL BRIEF HOSPITAL VISIT	31.00*	31.00*	50.00	40.00	30.75	51.50*	51.50*	50.00	16
17 INIT INTERMED HOSPITAL VISIT					72.20*	72.20*	80.00	50.00	17
18 INITIAL COMP HOSPITAL VISIT	51.50*	51.50*	72.20*	50.00	72.20*	72.20*	80.00	50.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.00	18.50*	20.70*	14.40*	20.70*	24.80*	20.70*	20.00	19
20 LIMITED F/U HOSPITAL VISIT	20.00	18.50*	20.70*	14.40*	20.70*	24.80*	20.70*	20.00	20
21 INTERMED F/U HOSPITAL VISIT	20.00	16.70*	25.00	18.00	24.80*	24.80*	20.70*	24.80*	21
22 EXTENDED F/U HOSPITAL VISIT					20.00	50.00	40.00	40.00	22
23 BRIEF EMERGENCY ROOM VISIT					31.00*	31.00*	31.00*	31.00*	23
24 LIMITED EMERGENCY ROOM VISIT					31.00*	31.00*	31.00*	31.00*	24
25 INTERMED EMERGENCY ROOM VISIT					31.00*	31.00*	31.00*	31.00*	25
26 LIMITED CONSULTATION	51.50*	40.00	55.00	50.00	51.50*	72.20*	72.20*	60.00	26
27 EXTENSIVE CONSULTATION					72.20*	90.00	100.00	90.00	27
28 COMPREHENSIVE CONSULTATION					72.20*	90.00	100.00	90.00	28
29 PSYCHOTHERAPY-ONE HOUR					60.00	65.20*	80.00	78.32	29
30 PSYCHOTHERAPY-HALF HOUR					30.00	32.60*	40.00	39.16	30
31 CHIROPRACTIC OFFICE VISIT					11.40*	12.90*	12.90*	11.40*	31
32 INITIAL PHYSIOTHERAPY					10.00	10.00	10.00	10.00	32
33 F/U PODIATRIC OFFICE VISIT					12.20*	12.20*	10.30*	10.30*	33
34 ELECTROCARDIOGRAM (EKG)	19.30	28.20	26.70	25.00	24.30	35.00	35.00	25.00	34
35 EKG-INTERPRET AND REPORT ONLY	10.30*		10.30*	10.30*	10.30*	14.00	13.00	14.00	35
36 SPIROMETRY							42.00	42.00	36
37 ELECTROENCEPHALOGRAM (EEG)							100.00		37
38 CHEMOTHERAPY					22.40*	51.20*	50.40*	47.30*	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS							17.70*	17.80*	40
41 SKIN BIOPSY					35.00	35.00	35.00	35.00	41
42 CHEMOCAUTERY									42
43 RADICAL MASTECTOMY					928.20*	950.00	1031.50*	1052.00*	43
44 OPEN REDUCTION OF FRACTURE					928.20*	1031.50*	1031.50*	1031.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	28.00	30.00	15.00	16.00	16.00	23.50*	16.30*	45
46 CORONARY ARTERY BYPASS							3050.00		46
47 TOTAL ARTIFICIAL HIP REPLACE					2062.60*	2062.60*	2062.60*	2062.60*	47
48 NEEDLE PUNCTURE OF BURSA						25.00	35.00	25.00	48
49 BRONCHOSCOPY					154.75*		257.90*	154.75*	49
50 THORACENTESIS					72.20*		72.20*	72.20*	50
51 CATHERIZATION OF HEART									51
52 INSERTION OF PACEMAKER								1200.00	52
53 PARTIAL COLECTOMY					1062.40*	1062.40*	1062.40*	1031.50*	53
54 APPENDECTOMY				515.60*	536.20*	536.20*	567.40*	536.20*	54
55 SIGMOIDOSCOPY					41.20*	31.00*	51.50*	31.00*	55

1984 PREVAILING CHARGE SUMMARY DATA B/S OF KANSAS CITY, MISSOURI
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSOURI
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA D1	AREA 02	AREA D3	AREA 06	AREA D1	AREA 02	AREA 03	AREA 06	
56 HEMORRHOIDECTOMY					433.20*	433.20*	464.20*	433.20*	56
57 CHOLECYSTECTOMY					721.90*	825.20*	876.70*	800.00	57
58 REPAIR HERNIA					515.60*	495.00	515.60*	361.10*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY			114.00*	103.00*	103.00*	103.00*	103.00*	103.00*	59
60 DILATION OF URETHRA					23.00	16.00	23.00	23.00	60
61 PROSTATECTOMY - SUPRAPUBIC					1031.50*		1103.50*		61
62 ELECTROSECTION-PROSTATE (TUR)				928.20*	928.20*	928.20*	990.10*	928.20*	62
63 HYSTERECTOMY					928.20*	928.20*	951.00*	856.20*	63
64 INITIAL COMPLETE EYE EXAM					32.90*	28.90*	40.00	20.70*	64
65 COMPREHENSIVE EYE EXAM					32.90*	28.90*	40.00	20.70*	65
66 EYE EXAM WITH TONOMETRY					8.20*	8.20*	8.20*	8.20*	66
67 EXTRACTION OF LENS					928.20*	928.20*	928.20*	928.20*	67
68 CHEST X-RAY - SINGLE VIEW	25.00	29.80*	30.00	25.00	20.70*	28.70*	20.70*		68
69 CHEST X-RAY - TWO VIEWS	35.00	36.80*	36.00	30.00	31.00*	31.00*	31.00*	33.20*	69
70 X-RAY SPINE					72.20*	72.20*	72.20*		70
71 X-RAY HIP					32.40	32.40	32.40	32.40	71
72 X-RAY UPPER GI TRACT		67.10*		67.10*	57.70*	57.70*	57.70*		72
73 X-RAY COLON					57.70*	57.70*	57.70*	69.20*	73
74 RADIATION THERAPY-LOW VOLT									74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					94.50	94.50	84.25*	94.50	77
78 CAT SCAN - ABDOMEN					103.00	103.00	89.00	103.00	78
79 THREE CHEMISTRY TESTS					17.00	32.00	28.00	18.00	79
80 NINETEEN CHEMISTRY TESTS					34.50	26.00	29.00	25.00	80
81 CULTURE - OTHER THAN BLOOD					20.00	20.00	20.00	15.00	81
82 HEMOGLOBIN					3.00L	6.00L	5.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					9.00L	9.00L	10.00L	10.00L	83
84 WHITE CELL COUNT					3.00L	7.00L	3.00L	3.00L	84
85 COMPLETE BLOOD COUNT (CBC)					9.00L	9.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST					9.00L	9.00L	6.00L	7.00L	86
87 FLOCCULATION TEST					8.00	6.00	8.00	8.00	87
88 HEMATOCRIT					4.00L	5.00L	3.50L	2.00L	88
89 PLATELET COUNT (REES-ECKER)					9.00	9.00	12.00	9.00	89
90 POTASSIUM TEST - BLOOD					12.50	9.00	10.00	10.00	90
91 PROTHROMBIN TIME TEST					6.00L	8.00L	6.00L	7.00L	91
92 SEDIMENTATION RATE					7.00L	7.00L	6.00L	5.00L	92
93 BLOOD SUGAR					6.00L	8.00L	7.00L	6.00L	93
94 BUN-UREA - NITROGEN					8.00L	7.00L	7.00L	6.00L	94
95 URIC ACID					8.00L	7.00L	6.50L	7.00L	95
96 FECES-OCULT BLOOD-SCREENING					5.00	4.50	6.00	4.50	96
97 PAP TEST					9.50L	8.00L	8.50L	7.00L	97
98 ROUTINE URINALYSIS					5.00L	6.00L	6.00L	4.00L	98
99 CHEMICAL URINALYSIS					5.00L	6.00L	6.00L	4.00L	99
100 PATHOLOGY - THREE SPECIMENS							25.00	33.75	100
101 ELEC MONITORING-PACEMAKER							30.00	40.40*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1000.00	1000.00	1000.00	1000.00	102
103 KIDNEY TRANSPLANT					1325.60	1325.60	1325.60	1325.60	103
104 HOSPITAL BED - RENTAL					63.25L	63.25L	68.24L	40.00L	104
105 WALKER - RENTAL					38.00	38.00	38.00	29.32	105
106 WHEELCHAIR - RENTAL					26.15L	33.00L	33.00L	20.00L	106
107 LIQUID OXYGEN - RENTAL									107
108 HOSPITAL BED - PURCHASE					622.00L	622.00L	622.00L	622.00L	108
109 WALKER - PURCHASE					74.95	61.15	61.15	62.10	109
110 WHEELCHAIR - PURCHASE					279.95L	279.95L	279.00L	265.00L	110

MONTANA

MONTANA



One Locality - Statewide

1984 PREVAILING CHARGE SUMMARY DATA MONTANA PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MONTANA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	MT	MT	
1 INITIAL BRIEF OFFICE VISIT		24.80*	1
2 INITIAL LIMITED OFFICE VISIT	25.00	37.20*	2
3 INITIAL INTERMED OFFICE VISIT		63.90*	3
4 INITIAL COMP OFFICE VISIT	61.90*	72.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	9.50*	11.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.40*	14.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT	17.90*	20.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	24.80*	20.60*	8
9 EXTENDED F/U OFFICE VISIT	36.30*	37.20*	9
10 COMP FOLLOWUP OFFICE VISIT	49.50*	61.90*	10
11 BRIEF FOLLOWUP HOME VISIT	24.80*		11
12 LIMITED FOLLOWUP HOME VISIT			12
13 INTERMDIATE F/U HOME VISIT	25.00		13
14 EXTENDED CARE FACILITY VISIT		14.70*	14
15 BRIEF F/U NURSING HOME VISIT	14.40*	14.70*	15
16 INITIAL BRIEF HOSPITAL VISIT	37.20*	41.30*	16
17 INIT INTERMED HOSPITAL VISIT		61.90*	17
18 INITIAL COMP HOSPITAL VISIT	61.90*	86.60*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.40*	14.70*	19
20 LIMITED F/U HOSPITAL VISIT	20.20*	24.80*	20
21 INTERMED F/U HOSPITAL VISIT	25.00	37.20*	21
22 EXTENDED F/U HOSPITAL VISIT		48.00*	22
23 BRIEF EMERGENCY ROOM VISIT		23.10*	23
24 LIMITED EMERGENCY ROOM VISIT		33.20*	24
25 INTERMED EMERGENCY ROOM VISIT		54.10*	25
26 LIMITED CONSULTATION	40.30*	40.10*	26
27 EXTENSIVE CONSULTATION		60.50*	27
28 COMPREHENSIVE CONSULTATION		80.00*	28
29 PSYCHOTHERAPY-ONE HOUR		63.90*	29
30 PSYCHOTHERAPY-HALF HOUR		35.00	30
31 CHIROPRACTIC OFFICE VISIT		16.00	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT		15.00	33
34 ELECTROCARDIOGRAM (EKG)	34.90*	36.30*	34
35 EKG-INTERPRET AND REPORT ONLY	15.90*	15.90*	35
36 SPIROMETRY		21.30*	36
37 ELECTROENCEPHALOGRAM (EEG)		50.00	37
38 CHEMOTHERAPY		14.10*	38
39 COLLECTION OF SPECIMENS		3.00	39
40 DEBRIDEMENT OF NAILS		15.00	40
41 SKIN BIOPSY		31.00*	41
42 CHEMOCAUTERY		13.40*	42
43 RADICAL MASTECTOMY		866.40*	43
44 OPEN REDUCTION OF FRACTURE		1136.70*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.70*	29.30*	45
46 CORONARY ARTERY BYPASS		3700.00	46
47 TOTAL ARTIFICIAL HIP REPLACE		2067.50*	47
48 NEEDLE PUNCTURE OF BURSA		20.40*	48
49 BRONCHOSCOPY		206.30	49
50 THORACENTESIS		37.80*	50
51 CATHERIZATION OF HEART		584.10*	51
52 INSERTION OF PACEMAKER		600.00	52
53 PARTIAL COLECTOMY		978.30	53
54 APPENDECTOMY	412.60*	489.90*	54
55 SIGMOIDOSCOPY		32.80*	55

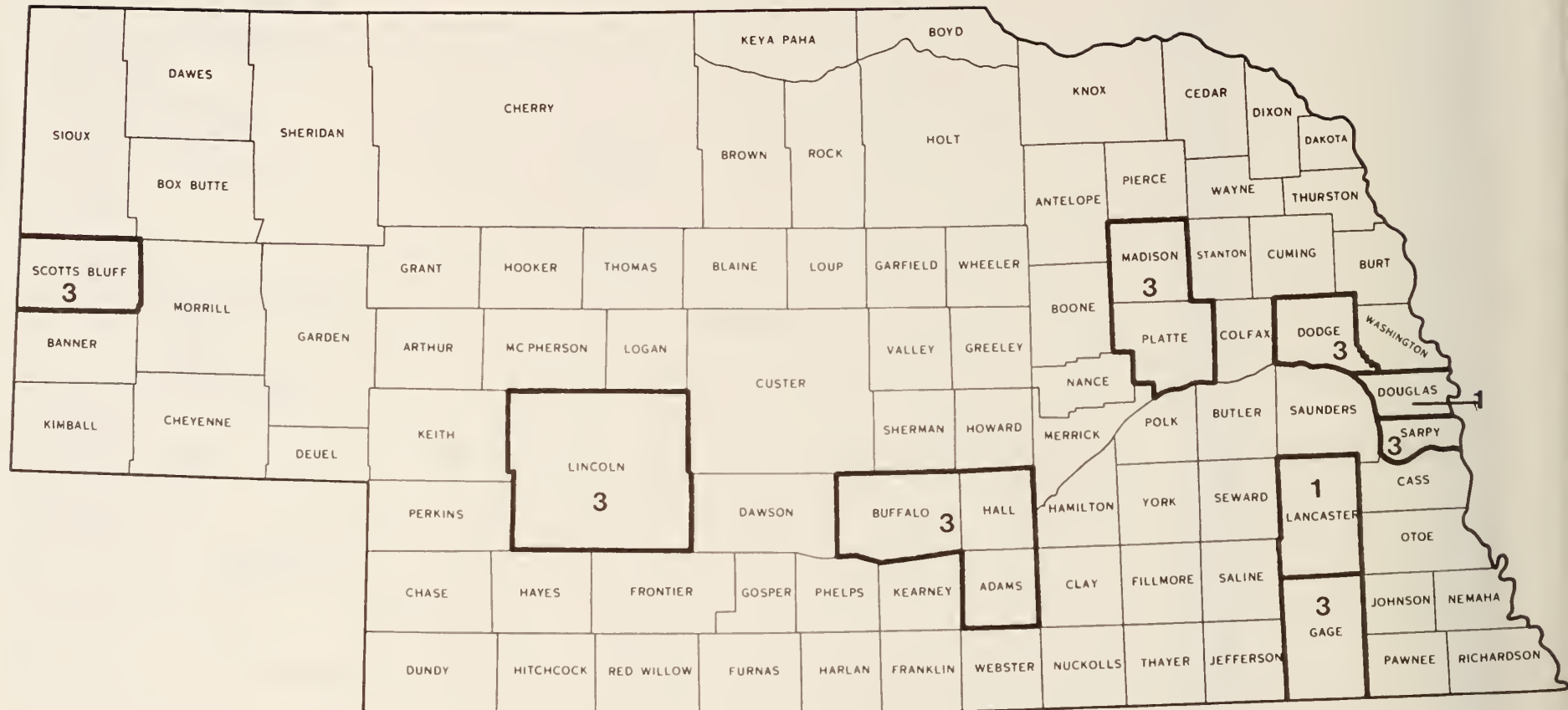
1984 PREVAILING CHARGE SUMMARY DATA MONTANA PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MONTANA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	MT	MT	
56 HEMORRHOIDECTOMY		371.30*	56
57 CHOLECYSTECTOMY		747.70*	57
58 REPAIR HERNIA		464.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	61.40*	61.90*	59
60 DILATION OF URETHRA		23.25	60
61 PROSTATECTOMY - SUPRAPUBIC		948.90*	61
62 ELECTROSECTION-PROSTATE (TUR)	764.30*	948.90*	62
63 HYSTERECTOMY		920.70	63
64 INITIAL COMPLETE EYE EXAM		31.10*	64
65 COMPREHENSIVE EYE EXAM		32.70*	65
66 EYE EXAM WITH TONOMETRY		12.40*	66
67 EXTRACTION OF LENS	959.50*	948.90*	67
68 CHEST X-RAY - SINGLE VIEW	24.90*	31.00	68
69 CHEST X-RAY - TWO VIEWS	37.20*	37.20*	69
70 X-RAY SPINE		80.60*	70
71 X-RAY HIP		37.20*	71
72 X-RAY UPPER GI TRACT	86.60*	86.60*	72
73 X-RAY COLON		74.30*	73
74 RADIATION THERAPY-LOW VOLT	23.40*	23.80*	74
75 RADIATION THERAPY-SUPER VOLT	43.90*	44.70*	75
76 RADIATION THERAPY-MEGAVOLT		46.40*	76
77 CAT SCAN - HEAD		112.00	77
78 CAT SCAN - ABDOMEN		36.30*	78
79 THREE CHEMISTRY TESTS		16.80	79
80 NINETEEN CHEMISTRY TESTS		32.50	80
81 CULTURE - OTHER THAN BLOOD		9.75	81
82 HEMOGLOBIN		4.50L	82
83 AUTOMATED BLOOD COUNT		14.00	83
84 WHITE CELL COUNT		4.80L	84
85 COMPLETE BLOOD COUNT (CBC)		13.00L	85
86 CHOLESTEROL TEST		8.00L	86
87 FLOCCULATION TEST		7.80	87
88 HEMATOCRIT		4.00L	88
89 PLATELET COUNT (REES-ECKER)		10.50	89
90 POTASSIUM TEST - BLOOD		12.40	90
91 PROTHROMBIN TIME TEST		9.00L	91
92 SEDIMENTATION RATE		6.85L	92
93 BLOOD SUGAR		9.00L	93
94 BUN-UREA - NITROGEN		9.60L	94
95 URIC ACID		8.75L	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		8.50L	97
98 ROUTINE URINALYSIS		6.00L	98
99 CHEMICAL URINALYSIS		5.00	99
100 PATHOLOGY - THREE SPECIMENS		35.00	100
101 ELEC MONITORING-PACEMAKER		17.00	101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL		40.00L	104
105 WALKER - RENTAL		15.00	105
106 WHEELCHAIR - RENTAL		30.00L	106
107 LIQUID OXYGEN - RENTAL		150.00	107
108 HOSPITAL BED - PURCHASE		759.00	108
109 WALKER - PURCHASE		61.20	109
110 WHEELCHAIR - PURCHASE		290.00L	110

NEBRASKA

NEBRASKA



Three Localities:

- 1 - Douglas and Lancaster Counties
- 3 - Counties over 25,000 population - Adams, Buffalo, Dodge, Gage, Hall, Lincoln, Madison, Platte, Sarpy, Scotts Bluff
- 4 - Remaining 81 counties under 25,000 population

1984 PREVAILING CHARGE SUMMARY DATA MUTUAL OF OMAHA INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEBRASKA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 3	AREA 4	AREA 1	AREA 3	AREA 4	
1 INITIAL BRIEF OFFICE VISIT				16.30*	12.40*	10.30*	1
2 INITIAL LIMITED OFFICE VISIT	18.00	15.50*	15.00	18.50*	17.70*	15.00	2
3 INITIAL INTERMED OFFICE VISIT				18.50*	17.70*	15.00	3
4 INITIAL COMP OFFICE VISIT	45.00	45.00	32.50	70.00	61.90*	33.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	12.40*	12.40*	10.30*	16.30*	12.40*	10.30*	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.40*	12.40*	10.30*	16.30*	12.40*	10.30*	6
7 LIMITED FOLLOWUP OFFICE VISIT	18.00	15.50*	15.00	18.50*	17.70*	15.00	7
8 INTERMEDIATE F/U OFFICE VISIT	18.00	15.50*	15.00	18.50*	17.70*	15.00	8
9 EXTENDED F/U OFFICE VISIT	20.00	16.00	15.00	20.70*	20.70*	20.00	9
10 COMP FOLLOWUP OFFICE VISIT	45.00	45.00	32.50	70.00	61.90*	33.00	10
11 BRIEF FOLLOWUP HOME VISIT	24.80*	20.70*	20.00	25.00	20.70*	20.00	11
12 LIMITED FOLLOWUP HOME VISIT				25.00	20.70*	20.00	12
13 INTERMDIATE F/U HOME VISIT	30.00	18.00	20.00	25.50	25.50	25.50	13
14 EXTENDED CARE FACILITY VISIT				20.70*	15.00	18.10*	14
15 BRIEF F/U NURSING HOME VISIT	12.40*	12.40	10.30*	16.30*	12.40*	10.30*	15
16 INITIAL BRIEF HOSPITAL VISIT	41.20*	41.20*	31.00*	61.90*	41.20*	31.00*	16
17 INIT INTERMED HOSPITAL VISIT				61.90*	41.20*	31.00*	17
18 INITIAL COMP HOSPITAL VISIT	65.00	60.00	50.00	82.70*	65.00	60.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.40*	12.40*	12.40*	17.70*	14.40*	12.40*	19
20 LIMITED F/U HOSPITAL VISIT	14.40*	12.40*	12.40*	17.70*	14.40*	12.40*	20
21 INTERMED F/U HOSPITAL VISIT	20.00	16.00	20.00	20.70*	20.00	20.70*	21
22 EXTENDED F/U HOSPITAL VISIT				31.00*	35.00	30.00	22
23 BRIEF EMERGENCY ROOM VISIT				31.00*	20.00	20.70*	23
24 LIMITED EMERGENCY ROOM VISIT				31.00*	20.00	20.70*	24
25 INTERMED EMERGENCY ROOM VISIT				35.00	35.00	30.00	25
26 LIMITED CONSULTATION	31.00*	30.00*	30.00	31.00*	31.00*	40.00*	26
27 EXTENSIVE CONSULTATION				51.50*	51.50*	50.00*	27
28 COMPREHENSIVE CONSULTATION				82.70*	70.00	85.70	28
29 PSYCHOTHERAPY-ONE HOUR				72.20*	54.00	72.10*	29
30 PSYCHOTHERAPY-HALF HOUR				72.20*	54.00	72.10*	30
31 CHIROPRACTIC OFFICE VISIT				14.00	14.00	14.00	31
32 INITIAL PHYSIOTHERAPY				12.40*	9.80*	9.50*	32
33 F/U PODIATRIC OFFICE VISIT				18.50*	17.00	15.00	33
34 ELECTROCARDIOGRAM (EKG)	31.00*	30.00	30.00	31.00*	30.00	31.00*	34
35 EKG-INTERPRET AND REPORT ONLY	10.00 P	10.00 P	7.50 P	15.50*P	9.00 P	10.00 P	35
36 SPIROMETRY				26.00	30.00	25.00	36
37 ELECTROENCEPHALOGRAM (EEG)				75.00	53.40	55.00	37
38 CHEMOTHERAPY							38
39 COLLECTION OF SPECIMENS				8.00	8.00	6.00	39
40 DEBRIDEMENT OF NAILS				13.00	14.00	16.00	40
41 SKIN BIOPSY				41.20*	31.00*	31.00*	41
42 CHEMOCAUTERY				20.70*	20.70*	20.70*	42
43 RADICAL MASTECTOMY				778.60*	731.10*	759.30*	43
44 OPEN REDUCTION OF FRACTURE				990.50*	907.90*	825.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	20.70*	20.70*	20.70*	20.70*	20.70*	20.70*	45
46 CORONARY ARTERY BYPASS				2422.30*	2742.00*	2654.60*	46
47 TOTAL ARTIFICIAL HIP REPLACE				1637.90*	1747.20*	1549.40*	47
48 NEEDLE PUNCTURE OF BURSA				20.70*	20.70*	20.70*	48
49 BRONCHOSCOPY				206.30*	206.30*	206.30*	49
50 THORACENTESIS				51.50*	51.50*	51.50*	50
51 CATHETERIZATION OF HEART				508.00	508.00	508.00	51
52 INSERTION OF PACEMAKER				1031.70*	1020.00	1031.70*	52
53 PARTIAL COLECTOMY				1031.70*	825.40*	1031.70*	53
54 APPENDECTOMY				453.90*	453.90*	453.90*	54
55 SIGMOIDOSCOPY				31.00*	31.00*	31.00*	55

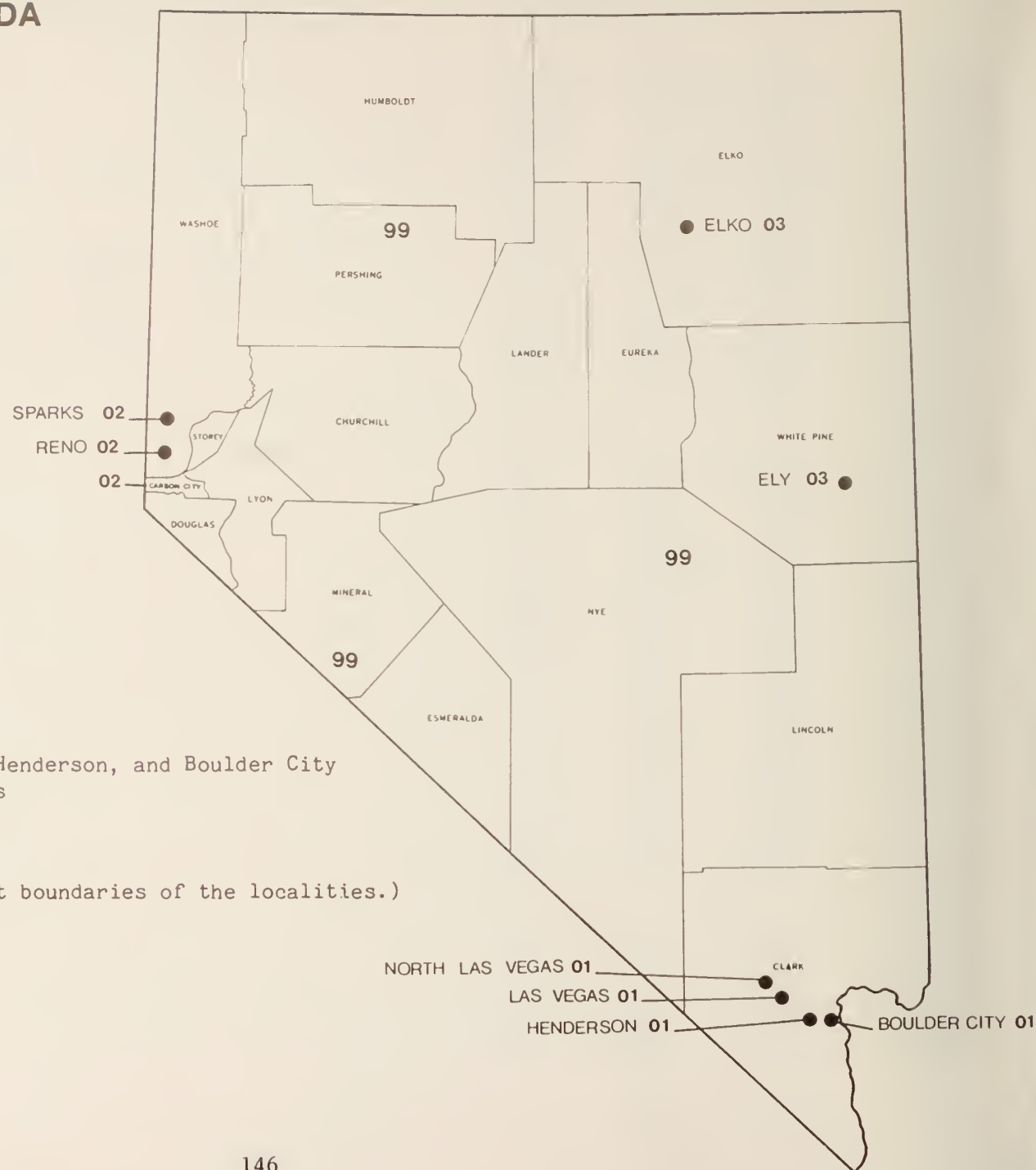
1984 PREVAILING CHARGE SUMMARY DATA MUTUAL OF OMAHA INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEBRASKA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 3	AREA 4	AREA 1	AREA 3	AREA 4	
56 HEMORRHOIDECTOMY				371.50*	371.50*	371.50*	56
57 CHOLECYSTECTOMY				742.70*	619.00*	619.00*	57
58 REPAIR HERNIA				495.30*	412.70*	412.70*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY				61.90*	71.00	61.90*	59
60 DILATION OF URETHRA				20.70*	20.70*	22.00	60
61 PROSTATECTOMY - SUPRAPUBIC				907.90*	907.90*	907.90*	61
62 ELECTROSECTION-PROSTATE (TUR)	825.40*	825.40*	767.80*	825.40*	825.40*	767.80*	62
63 HYSTERECTOMY				900.00	722.00*	825.40*	63
64 INITIAL COMPLETE EYE EXAM				31.00*	25.00	40.00	64
65 COMPREHENSIVE EYE EXAM				40.00	36.30*	40.00	65
66 EYE EXAM WITH TONOMETRY				17.00	12.00	12.80*	66
67 EXTRACTION OF LENS	722.00*	722.00*	687.20*	722.00*	773.90*	900.00	67
68 CHEST X-RAY - SINGLE VIEW	25.90*	25.00	25.90*	25.70*	22.30*	45.00	68
69 CHEST X-RAY - TWO VIEWS	31.00*	30.00	31.00*	41.20*	36.10*	36.10*	69
70 X-RAY SPINE				73.80*	49.40*	91.00	70
71 X-RAY HIP				43.20*	42.40*	52.00	71
72 X-RAY UPPER GI TRACT	72.20*	83.20*	72.20*	92.60*	93.50*	114.00	72
73 X-RAY COLON				82.70*	78.60*	94.00	73
74 RADIATION THERAPY-LOW VOLT							74
75 RADIATION THERAPY-SUPER VOLT							75
76 RADIATION THERAPY-MEGAVOLT							76
77 CAT SCAN - HEAD				398.00	375.00	375.00	77
78 CAT SCAN - ABDOMEN				400.00	400.00	400.00	78
79 THREE CHEMISTRY TESTS				29.50	32.00	25.00	79
80 NINETEEN CHEMISTRY TESTS				26.10	30.00	31.50	80
81 CULTURE - OTHER THAN BLOOD				12.40	15.00	11.00	81
82 HEMOGLOBIN				4.50L	5.00L	4.00L	82
83 AUTOMATED BLOOD COUNT				16.60	12.00	13.00	83
84 WHITE CELL COUNT				5.00L	5.50L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)				10.50L	10.00L	10.00L	85
86 CHOLESTEROL TEST				8.00L	9.00L	6.50L	86
87 FLOCCULATION TEST				7.50	6.00	8.00	87
88 HEMATOCRIT				4.40L	3.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)				10.30	11.00	10.00	89
90 POTASSIUM TEST - BLOOD				11.00	10.00	12.00	90
91 PROTHROMBIN TIME TEST				8.00L	9.30L	8.00L	91
92 SEDIMENTATION RATE				5.70L	5.00L	5.00L	92
93 BLOOD SUGAR				8.00L	8.00L	7.00L	93
94 BUN-UREA - NITROGEN				10.00L	9.00L	8.30L	94
95 URIC ACID				9.00L	8.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING				5.00	4.00	5.00	96
97 PAP TEST				9.00L	8.50L	10.00L	97
98 ROUTINE URINALYSIS				5.00L	5.00L	4.00L	98
99 CHEMICAL URINALYSIS				5.00L	5.00L	4.00L	99
100 PATHOLOGY - THREE SPECIMENS				25.00	22.00	28.00	100
101 ELEC MONITORING-PACEMAKER				33.00	27.50	33.00	101
102 DONOR NEPHRECTOMY-UNILATERAL							102
103 KIDNEY TRANSPLANT							103
104 HOSPITAL BED - RENTAL				45.00L	54.00L	47.00L	104
105 WALKER - RENTAL				10.00	11.50	11.50	105
106 WHEELCHAIR - RENTAL				22.50L	30.00L	12.00L	106
107 LIQUID OXYGEN - RENTAL							107
108 HOSPITAL BED - PURCHASE				498.00L	498.00L	498.00L	108
109 WALKER - PURCHASE				55.80	70.00	70.00	109
110 WHEELCHAIR - PURCHASE				315.00L	316.00L	285.00L	110

NEVADA

NEVADA



Four Localities:

- 01 - Las Vegas, North Las Vegas, Henderson, and Boulder City
- 02 - Reno, Carson City, and Sparks
- 03 - Elko and Ely
- 99 - Rest of State

(The city boundaries are the exact boundaries of the localities.)

1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEVADA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	99	01	02	03	99	
1 INITIAL BRIEF OFFICE VISIT					30.80*	30.00		35.00	1
2 INITIAL LIMITED OFFICE VISIT	35.00	39.00	35.00	30.00	50.00	55.00		50.00	2
3 INITIAL INTERMED OFFICE VISIT					65.00	60.00	46.40*	60.00	3
4 INITIAL COMP OFFICE VISIT	100.00	75.00	100.00	82.40*	113.60*	94.00	83.30*	110.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	10.40*	10.40*	10.40*	10.00	10.40*	12.40*	12.40*	11.90*	5
6 BRIEF FOLLOWUP OFFICE VISIT	20.70*	16.50*	15.50*	16.50*	20.70*	24.70*	17.70*	21.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT	25.00	20.00	20.70*	20.00	30.80*	26.00	29.50*	30.00	7
8 INTERMEDIATE F/U OFFICE VISIT	25.00	25.00	25.00	20.00	30.00	28.00	30.00	30.00	8
9 EXTENDED F/U OFFICE VISIT	35.00	40.00	35.00	30.00	50.00	35.00	50.00	50.00	9
10 COMP FOLLOWUP OFFICE VISIT	56.00	66.00*	66.00*	66.00*	67.00*	60.00	67.00*	67.00*	10
11 BRIEF FOLLOWUP HOME VISIT	51.50*	30.80*	20.70*	30.80*	37.80*	35.00		35.40*	11
12 LIMITED FOLLOWUP HOME VISIT					50.00	45.00		49.00*	12
13 INTERMEDIATE F/U HOME VISIT	50.00	41.20*		49.50*					13
14 EXTENDED CARE FACILITY VISIT					27.00	30.00	16.50*	27.00	14
15 BRIEF F/U NURSING HOME VISIT	24.70*	25.00	16.60*	14.00					15
16 INITIAL BRIEF HOSPITAL VISIT	51.50*	51.50*	51.50*	51.50*	51.50*	51.50*	51.50*	51.50*	16
17 INIT INTERMED HOSPITAL VISIT					100.00	75.00	72.20*	103.30*	17
18 INITIAL COMP HOSPITAL VISIT	113.60*	85.00	117.50*	95.00	123.80*	100.00		123.80*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.70*	20.70*	19.70*	16.50*	30.80*	24.70*	16.50*	30.80*	19
20 LIMITED F/U HOSPITAL VISIT	35.00	20.70*	30.00	22.50	38.00	30.00	20.70*	31.00	20
21 INTERMED F/U HOSPITAL VISIT	31.10*	29.80*	31.10*	30.00	36.10*	35.00	26.25*	37.30*	21
22 EXTENDED F/U HOSPITAL VISIT					30.80*	40.00	30.80*	30.80*	22
23 BRIEF EMERGENCY ROOM VISIT					50.00	32.00*	36.00*	37.00	23
24 LIMITED EMERGENCY ROOM VISIT					50.00	50.00	42.10*	48.20*	24
25 INTERMED EMERGENCY ROOM VISIT					80.00	35.00		50.00	25
26 LIMITED CONSULTATION	51.50*	51.50*		51.50*	51.50*	51.50*	51.50*	51.50*	26
27 EXTENSIVE CONSULTATION					100.00	75.00	72.20*	85.00	27
28 COMPREHENSIVE CONSULTATION					123.80*	100.00	115.60*	123.80*	28
29 PSYCHOTHERAPY-ONE HOUR					100.00	88.70*	93.90*	93.90*	29
30 PSYCHOTHERAPY-HALF HOUR					55.00	36.70*	50.00	30.00	30
31 CHIROPRACTIC OFFICE VISIT					18.40*	18.40*	18.40*	14.70*	31
32 INITIAL PHYSIOTHERAPY					29.40*				32
33 F/U PODIATRIC OFFICE VISIT					25.00	20.00	20.00	20.00	33
34 ELECTROCARDIOGRAM (EKG)	40.00	48.00	45.00	35.00	41.20*	37.00	41.20*	45.00	34
35 EKG-INTERPRET AND REPORT ONLY		20.70*				28.00	20.70*		35
36 SPIROMETRY					45.00	40.00			36
37 ELECTROENCEPHALOGRAM (EEG)					103.30*	103.30*			37
38 CHEMOTHERAPY					40.00	20.00		40.00	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					10.00	20.00			40
41 SKIN BIOPSY					45.00	47.00	41.20*		41
42 CHEMOCAUTERY					20.70*	20.70*	20.70*		42
43 RADICAL MASTECTOMY									43
44 OPEN REDUCTION OF FRACTURE					2062.70*	1320.10*	2062.70*	2062.70*	44
45 ARTHROCENTESIS-MAJOR JOINT	35.00	30.00	35.00	35.00	30.00	37.70*			45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					2578.50*	2475.20*			47
48 NEEDLE PUNCTURE OF BURSA					30.80*	28.00	30.00		48
49 BRONCHOSCOPY					259.90*	247.50*	278.40*		49
50 THORACENTESIS					72.20*				50
51 CATHETERIZATION OF HEART					779.70*	430.60*			51
52 INSERTION OF PACEMAKER						1237.70*	1237.70*	1237.70*	52
53 PARTIAL COLECTOMY					1485.00*	1485.00*	1320.10*	1413.30*	53
54 APPENDECTOMY	659.50*				693.00*	742.70*			54
55 SIGMOIDOSCOPY					55.00	51.50*	51.50*	49.00*	55

1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEVAOA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	99	01	02	03	99
56 HEMORRHOIDECTOMY					567.30*	519.90*	494.90*	56
57 CHOLECYSTECTOMY					1107.00	1103.70*		57
58 REPAIR HERNIA					722.00*	660.10*	577.60*	751.60*
59 DIAGNOSTIC CYSTOURETHROSCOPY					86.70*	86.70*		
60 DILATION OF URETHRA					15.00	30.90*	30.00	
61 PROSTATECTOMY - SUPRAPUBIC					1320.10*	1386.20*	1650.20*	
62 ELECTROSECTION-PROSTATE (TUR)					1386.20*	1650.20*	1650.20*	1650.20*
63 HYSTERECTOMY					1212.80*	1212.80*		
64 INITIAL COMPLETE EYE EXAM					52.00	40.00	46.40	
65 COMPREHENSIVE EYE EXAM								
66 EYE EXAM WITH TONOMETRY					19.50*	17.00	16.80*	
67 EXTRACTION OF LENS					1340.80*	1320.10*	1340.80*	
68 CHEST X-RAY - SINGLE VIEW	30.80*	30.80*	24.70*	24.70*	24.70*	24.70*		
69 CHEST X-RAY - TWO VIEWS	43.40*	37.20*	45.50	30.80*	37.20*	50.00		
70 X-RAY SPINE					37.20*	44.70*	58.90*	
71 X-RAY HIP					41.20*	46.40*		
72 X-RAY UPPER GI TRACT	89.10*	82.40*	84.75*		89.10*	103.30*		
73 X-RAY COLON					74.20*	105.00		
74 RADIATION THERAPY-LOW VOLT								
75 RADIATION THERAPY-SUPER VOLT								
76 RADIATION THERAPY-MEGAVOLT								
77 CAT SCAN - HEAD					400.00	400.00		
78 CAT SCAN - ABDOMEN								
79 THREE CHEMISTRY TESTS					37.00	20.75		35.00
80 NINETEEN CHEMISTRY TESTS					38.50	17.50	39.00	16.00
81 CULTURE - OTHER THAN BLOOD					18.50	21.75	17.00	10.00
82 HEMOGLOBIN					8.00	7.75	8.50	
83 AUTOMATED BLOOD COUNT					9.00	9.00	9.00	
84 WHITE CELL COUNT					6.00	4.00	16.00	
85 COMPLETE BLOOD COUNT (CBC)					15.00	12.00	12.00	17.00
86 CHOLESTEROL TEST					12.00	12.00	13.00	15.00
87 FLOCCULATION TEST					10.00	10.00	10.00	
88 HEMATOCRIT					6.00	6.00	8.50	10.00
89 PLATELET COUNT (REES-ECKER)					13.00	11.50	16.00	12.00
90 POTASSIUM TEST - BLOOD					10.00	10.00	13.00	10.00
91 PROTHROMBIN TIME TEST					10.00	11.50	13.00	10.00
92 SEDIMENTATION RATE					9.00	9.25	9.00	10.00
93 BLOOD SUGAR					10.00	10.00	13.00	12.00
94 BUN-UREA - NITROGEN					10.00	9.25		
95 URIC ACID					12.00	9.25	12.00	12.00
96 FECES-OCCULT BLOOD-SCREENING					8.00	7.00	8.00	5.50
97 PAP TEST					15.00	15.00	10.00	
98 ROUTINE URINALYSIS						8.25	10.50	9.00
99 CHEMICAL URINALYSIS					8.00			
100 PATHOLOGY - THREE SPECIMENS								
101 ELEC MONITORING-PACEMAKER					32.00*	35.00		
102 DONOR NEPHRECTOMY-UNILATERAL					1484.50*	1732.70*		
103 KIDNEY TRANSPLANT								
104 HOSPITAL BED - RENTAL								
105 WALKER - RENTAL					33.50	33.50		
106 WHEELCHAIR - RENTAL					37.50*	43.50		382.00*
107 LIQUID OXYGEN - RENTAL								
108 HOSPITAL BED - PURCHASE					759.00*	759.00*	759.90*	
109 WALKER - PURCHASE								
110 WHEELCHAIR - PURCHASE								

NEW HAMPSHIRE

NEW HAMPSHIRE



One Locality - Statewide

1984 PREVAILING CHARGE SUMMARY DATA NEW HAMPSHIRE-VERMONT B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW HAMPSHIRE
LOCALITY DESIGNATION FOR SPECIALIST

PROCEQURE OESCRPTION	01	01	
1 INITIAL BRIEF OFFICE VISIT		6.00	1
2 INITIAL LIMITEO OFFICE VISIT	20.60*	25.00	2
3 INITIAL INTERMEO OFFICE VISIT		45.00	3
4 INITIAL COMP OFFICE VISIT	31.00*	51.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.20*	8.25*	5
6 BRIEF FOLLOWUP OFFICE VISIT	10.10*	12.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	14.40*	16.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	20.60*	20.60*	8
9 EXTENOE F/U OFFICE VISIT			9
10 COMP FOLLOWUP OFFICE VISIT	35.00	51.60*	10
11 BRIEF FOLLOWUP HOME VISIT	15.50*	15.50*	11
12 LIMITEO FOLLOWUP HOME VISIT		24.80*	12
13 INTERMOIATE F/U HOME VISIT	20.60*	33.20*	13
14 EXTENOE CARE FACILITY VISIT		16.50*	14
15 BRIEF F/U NURSING HOME VISIT	10.10*	12.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	31.00*	51.60*	16
17 INIT INTERMEO HOSPITAL VISIT			17
18 INITIAL COMP HOSPITAL VISIT	41.30*	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.40*	20.60*	19
20 LIMITEO F/U HOSPITAL VISIT			20
21 INTERMED F/U HOSPITAL VISIT	20.60*	23.90*	21
22 EXTENOE F/U HOSPITAL VISIT		45.00	22
23 BRIEF EMERGENCY ROOM VISIT		8.25*	23
24 LIMITEO EMERGENCY ROOM VISIT		20.60*	24
25 INTERMEO EMERGENCY ROOM VISIT		35.50*	25
26 LIMITED CONSULTATION	31.00*	51.60*	26
27 EXTENSIVE CONSULTATION		51.60*	27
28 COMPREHENSIVE CONSULTATION		72.20*	28
29 PSYCHOTHERAPY-ONE HOUR		61.90*	29
30 PSYCHOTHERAPY-HALF HOUR		31.00*	30
31 CHIROPRACTIC OFFICE VISIT		15.00	31
32 INITIAL PHYSIOTHERAPY		11.25	32
33 F/U PODIATRIC OFFICE VISIT		14.40*	33
34 ELECTROCARDIOGRAM (EKG)	31.00	31.00	34
35 EKG-INTERPRET AND REPORT ONLY	16.40*	16.40*	35
36 SPIROMETRY		30.00	36
37 ELECTROENCEPHALOGRAM (EEG)		45.00	37
38 CHEMOTHERAPY		41.75	38
39 COLLECTION OF SPECIMENS		6.00	39
40 DEBRIOEMENT OF NAILS		15.50*	40
41 SKIN BIOPSY		31.00*	41
42 CHEMOCAUTERY		36.40*	42
43 RADICAL MASTECTOMY		866.50*	43
44 OPEN REOUCTION OF FRACTURE			44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	24.80*	45
46 CORONARY ARTERY BYPASS		3043.75	46
47 TOTAL ARTIFICIAL HIP REPLACE		2063.00*	47
48 NEEDLE PUNCTURE OF BURSA			48
49 BRONCHOSCOPY		200.00	49
50 THORACENTESIS		36.10*	50
51 CATHERIZATION OF HEART		523.50*	51
52 INSERTION OF PACEMAKER		950.00	52
53 PARTIAL COLECTOMY		979.90*	53
54 APPENOECTOMY	490.00*	490.00*	54
55 SIGMOIOOSCOPY		50.00	55

1984 PREVAILING CHARGE SUMMARY DATA NEW HAMPSHIRE-VERMONT B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW HAMPSHIRE
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	01	
56 HEMORRHOIDECTOMY		247.60*	56
57 CHOLECYSTECTOMY		722.10	57
58 REPAIR HERNIA			58
59 DIAGNOSTIC CYSTOURETHROSCOPY	106.25	61.90*	59
60 DILATION OF URETHRA		20.60*	60
61 PROSTATECTOMY - SUPRAPUBIC		990.20*	61
62 ELECTROSECTION-PROSTATE (TUR)	937.50	990.20*	62
63 HYSTERECTOMY		928.40*	63
64 INITIAL COMPLETE EYE EXAM		20.60*	64
65 COMPREHENSIVE EYE EXAM			65
66 EYE EXAM WITH TONOMETRY			66
67 EXTRACTION OF LENS	875.00	825.20*	67
68 CHEST X-RAY - SINGLE VIEW	20.60*	11.00 P	68
69 CHEST X-RAY - TWO VIEWS	31.00*	14.40*P	69
70 X-RAY SPINE		20.60*P	70
71 X-RAY HIP		16.00 P	71
72 X-RAY UPPER GI TRACT	67.50	33.00*P	72
73 X-RAY COLON		35.00 P	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD		80.10*P	77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS			79
80 NINETEEN CHEMISTRY TESTS			80
81 CULTURE - OTHER THAN BLOOD		8.80	81
82 HEMOGLOBIN		4.00L	82
83 AUTOMATED BLOOD COUNT		8.80	83
84 WHITE CELL COUNT		4.00	84
85 COMPLETE BLOOD COUNT (CBC)		11.00L	85
86 CHOLESTEROL TEST		9.00L	86
87 FLOCCULATION TEST		6.00	87
88 HEMATOCRIT		4.00L	88
89 PLATELET COUNT (REES-ECKER)		8.50	89
90 POTASSIUM TEST - BLOOD		8.00	90
91 PROTHROMBIN TIME TEST		8.50L	91
92 SEDIMENTATION RATE		5.00L	92
93 BLOOD SUGAR		7.00L	93
94 BUN-UREA - NITROGEN		9.00L	94
95 URIC ACID		8.00L	95
96 FECES-OCCULT BLOOD-SCREENING		4.00	96
97 PAP TEST		6.50L	97
98 ROUTINE URINALYSIS		5.00L	98
99 CHEMICAL URINALYSIS		4.00	99
100 PATHOLOGY - THREE SPECIMENS		30.00	100
101 ELEC MONITORING-PACEMAKER			101
102 DONOR NEPHRECTOMY-UNILATERAL		1093.75	102
103 KIDNEY TRANSPLANT		1437.50	103
104 HOSPITAL BED - RENTAL			104
105 WALKER - RENTAL		20.00	105
106 WHEELCHAIR - RENTAL		30.00L	106
107 LIQUID OXYGEN - RENTAL			107
108 HOSPITAL BED - PURCHASE			108
109 WALKER - PURCHASE		46.80	109
110 WHEELCHAIR - PURCHASE		465.00	110

NEW JERSEY

NEW JERSEY



Three Localities:

- 01 Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union, Warren Counties
- 02 Burlington, Mercer, Monmouth, and Ocean Counties
- 03 Atlantic, Camden, Cape May, Cumberland, Gloucester, Salem Counties

1984 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW JERSEY
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	01	02	03	
1 INITIAL BRIEF OFFICE VISIT				20.60*	20.60*	20.60*	1
2 INITIAL LIMITED OFFICE VISIT	31.00*	30.00	25.00	50.00	41.30*	41.30*	2
3 INITIAL INTERMED OFFICE VISIT				20.60*	20.60*	20.60*	3
4 INITIAL COMP OFFICE VISIT	41.30*	40.00	41.30*	61.90*	61.90*	51.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	16.50*	16.50*	14.40*	20.60*	20.60*	20.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT	16.50*	16.50*	14.40*	20.60*	20.60*	20.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	16.50*	16.50*	14.40*	20.60*	20.60*	20.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	35.00	25.00	25.00	50.00	50.00	35.00	8
9 EXTENDED F/U OFFICE VISIT	35.00	25.00	25.00	50.00	50.00	35.00	9
10 COMP FOLLOWUP OFFICE VISIT	35.00	25.00	25.00	50.00	50.00	35.00	10
11 BRIEF FOLLOWUP HOME VISIT	24.80*	20.60*	20.60*	24.80*	24.80*	20.60*	11
12 LIMITED FOLLOWUP HOME VISIT				24.80*	24.80*	20.60*	12
13 INTERMDIATE F/U HOME VISIT	24.80*	20.60*	20.60*	24.80*	24.80*	20.60*	13
14 EXTENDED CARE FACILITY VISIT				31.00*	24.80*	20.60	14
15 BRIEF F/U NURSING HOME VISIT	16.50*	16.50*	14.40*	20.60*	20.60*	20.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	51.60*	51.60*	50.00	72.20*	72.20*	61.90*	16
17 INIT INTERMED HOSPITAL VISIT				72.20*	72.20*	61.90*	17
18 INITIAL COMP HOSPITAL VISIT	65.00	75.00	52.40*	96.10*	85.90*	73.60*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.60*	20.60*	20.60*	24.80*	20.60*	20.60*	19
20 LIMITED F/U HOSPITAL VISIT	20.60*	20.60*	20.60*	24.80*	20.60*	20.60*	20
21 INTERMED F/U HOSPITAL VISIT	20.60*	20.60*	20.60*	24.80*	20.60*	20.60*	21
22 EXTENDED F/U HOSPITAL VISIT				24.80*	20.60*	20.60*	22
23 BRIEF EMERGENCY ROOM VISIT				31.00*	31.00*	31.00*	23
24 LIMITED EMERGENCY ROOM VISIT				31.00*	31.00*	31.00*	24
25 INTERMED EMERGENCY ROOM VISIT				70.00	70.00	70.00	25
26 LIMITED CONSULTATION	25.00	31.00*	30.00	31.00*	31.00*	31.00*	26
27 EXTENSIVE CONSULTATION				100.00	72.20*	82.50*	27
28 COMPREHENSIVE CONSULTATION				125.00	88.40*	100.00	28
29 PSYCHOTHERAPY-ONE HOUR				72.20*	61.90*	72.20*	29
30 PSYCHOTHERAPY-HALF HOUR				45.00	41.30*	41.30*	30
31 CHIROPRACTIC OFFICE VISIT				20.00	17.70*	20.00	31
32 INITIAL PHYSIOTHERAPY				20.60*	20.60*	16.50	32
33 F/U PODIATRIC OFFICE VISIT				20.00*	20.00*	16.50*	33
34 ELECTROCARDIOGRAM (EKG)	35.00	30.00	35.00	35.00	30.00	35.00	34
35 EKG-INTERPRET AND REPORT ONLY	24.80	25.00	25.00	20.60*P	22.00 P	10.30*P	35
36 SPIROMETRY				32.00*	36.10*	30.00	36
37 ELECTROENCEPHALOGRAM (EEG)				72.20*	82.50*	82.50*	37
38 CHEMOTHERAPY				50.00	50.00	57.60*	38
39 COLLECTION OF SPECIMENS				3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS							40
41 SKIN BIOPSY				103.20*	75.00	72.20*	41
42 CHEMOCAUTERY				31.00*	31.00*	31.00*	42
43 RADICAL MASTECTOMY				1103.70*	1031.50*	825.20*	43
44 OPEN REDUCTION OF FRACTURE				1444.10	1341.00	1031.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	30.00 P	24.80 P	33.00*P	41.30*	41.30*	41.30*	45
46 CORONARY ARTERY BYPASS				5000.00	5125.00	5125.00	46
47 TOTAL ARTIFICIAL HIP REPLACE				2063.00*	1423.50	1237.80*	47
48 NEEDLE PUNCTURE OF BURSA				40.00	31.00	41.30*	48
49 BRONCHOSCOPY				309.50*	361.00	226.90	49
50 THORACENTESIS				72.20*	72.20*	72.20*	50
51 CATHETERIZATION OF HEART				618.90*	618.90*	618.90*	51
52 INSERTION OF PACEMAKER				1347.10	1341.00	1031.50	52
53 PARTIAL COLECTOMY				1547.25*	1444.10*	1237.80*	53
54 APPENDECTOMY	800.00	670.50	670.50	649.90*	660.20*	567.30*	54
55 SIGMOIDOSCOPY				70.00	72.20*	72.20*	55

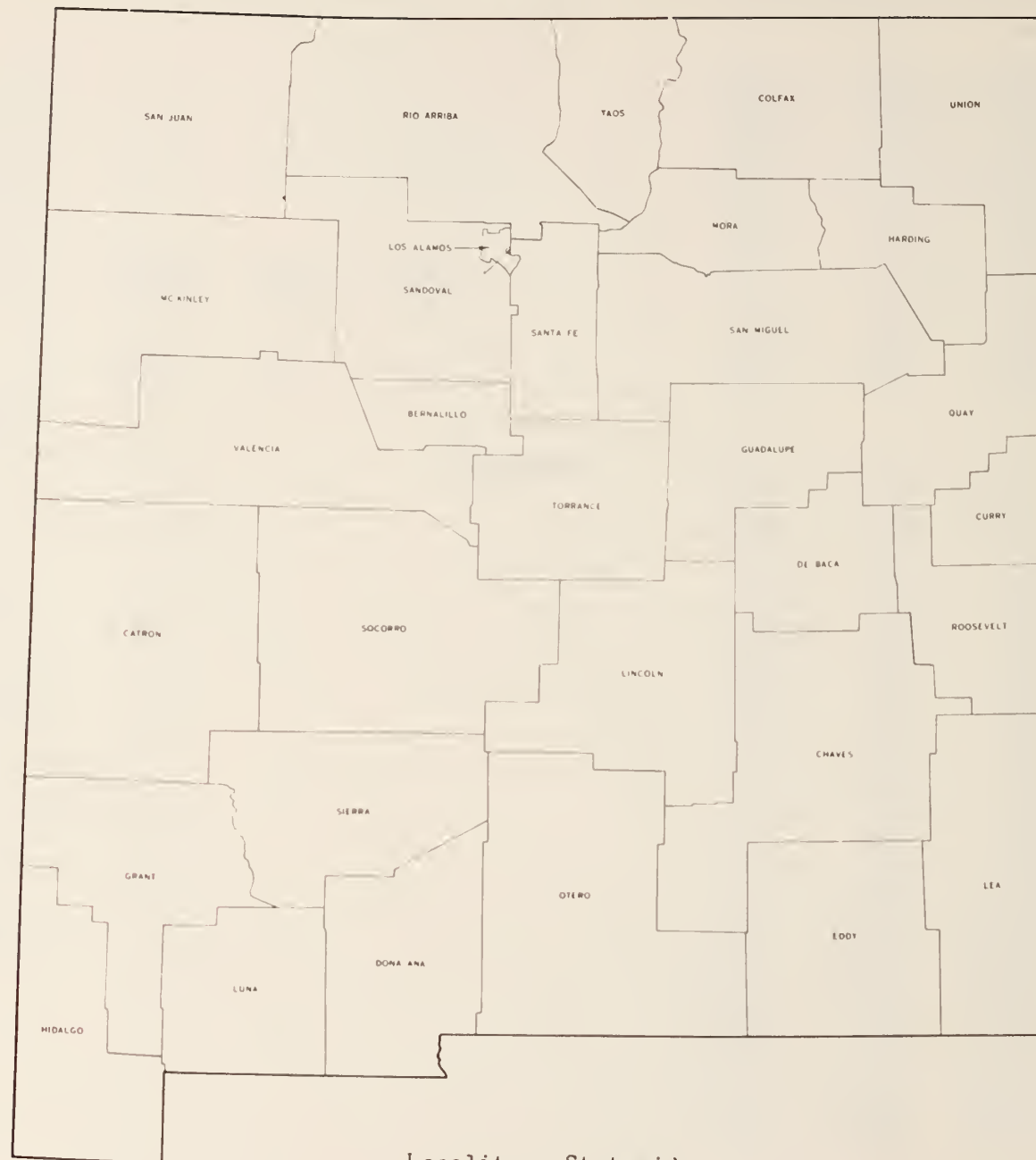
1984 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW JERSEY
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	01	02	03	
56 HEMORRHOIDECTOMY				515.75*	412.60	464.20	56
57 CHOLECYSTECTOMY				1031.50*	969.60*	825.20*	57
58 REPAIR HERNIA				639.50*	618.90*	515.75*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	103.20*	72.20	72.20	92.80*	103.20*	82.50*	59
60 DILATION OF URETHRA				31.00*	38.00	25.00	60
61 PROSTATECTOMY - SUPRAPUBIC				1506.20*	1237.80*	1083.10*	61
62 ELECTROSECTION-PROSTATE (TUR)	1134.70*	1134.70*	1134.70*	1237.80*	1351.30*	1031.50*	62
63 HYSTERECTOMY				1341.00*	1031.50*	979.90*	63
64 INITIAL COMPLETE EYE EXAM				35.00	36.00	32.00	64
65 COMPREHENSIVE EYE EXAM				36.00	40.00	50.00	65
66 EYE EXAM WITH TONOMETRY				35.00	36.00	32.00	66
67 EXTRACTION OF LENS	1134.70*	1134.70*	1134.70*	1237.80*	1031.50*	1031.50*	67
68 CHEST X-RAY - SINGLE VIEW	31.00*	30.00	25.00	40.00	25.00	35.00	68
69 CHEST X-RAY - TWO VIEWS	41.30*	31.00*	31.00*	41.30*	40.00	41.30*	69
70 X-RAY SPINE				61.90*	60.00	66.00	70
71 X-RAY HIP				49.00	41.00	41.30*	71
72 X-RAY UPPER GI TRACT	100.00	92.80	82.50	103.20*	100.00	82.50*	72
73 X-RAY COLON				90.80*	91.00	92.80*	73
74 RADIATION THERAPY-LOW VOLT							74
75 RADIATION THERAPY-SUPER VOLT							75
76 RADIATION THERAPY-MEGAVOLT							76
77 CAT SCAN - HEAD				325.00	325.00	325.00	77
78 CAT SCAN - ABDOMEN				569.50*	595.00*	561.00*	78
79 THREE CHEMISTRY TESTS				10.00	10.00	10.00	79
80 NINETEEN CHEMISTRY TESTS				22.00	22.00	22.00	80
81 CULTURE - OTHER THAN BLOOD				10.00	10.00	10.00	81
82 HEMOGLOBIN				2.50L	2.50L	2.50L	82
83 AUTOMATED BLOOD COUNT				2.50L	2.50L	2.50L	83
84 WHITE CELL COUNT				3.00L	3.00L	3.00L	84
85 COMPLETE BLOOD COUNT (CBC)				8.50L	8.50L	8.50L	85
86 CHOLESTEROL TEST				6.00L	6.00L	6.00L	86
87 FLOCCULATION TEST				8.50	8.50	8.50	87
88 HEMATOCRIT				5.00L	5.00L	5.00L	88
89 PLATELET COUNT (REES-ECKER)				9.50	9.50	9.50	89
90 POTASSIUM TEST - BLOOD				8.50	8.50	8.50	90
91 PROTHROMBIN TIME TEST				7.50L	7.50L	7.50L	91
92 SEDIMENTATION RATE				6.00L	6.00L	6.00L	92
93 BLOOD SUGAR				5.75L	5.75L	5.75L	93
94 BUN-UREA - NITROGEN				6.30L	6.30L	6.30L	94
95 URIC ACID				6.25L	6.25L	6.25L	95
96 FECES-OCCULT BLOOD-SCREENING				6.00	6.00	6.00	96
97 PAP TEST				8.70L	8.70L	8.70L	97
98 ROUTINE URINALYSIS				5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS				5.00L	5.00L	5.00L	99
100 PATHOLOGY - THREE SPECIMENS				25.00	25.00	25.00	100
101 ELEC MONITORING-PACEMAKER				55.00	60.00	60.00	101
102 DONOR NEPHRECTOMY-UNILATERAL				3820.00*	3960.00*	2840.00*	102
103 KIDNEY TRANSPLANT				1536.80*	1536.80*	1536.80*	103
104 HOSPITAL BEQ - RENTAL				70.00L	70.00L	70.00L	104
105 WALKER - RENTAL				22.00	22.00	22.00	105
106 WHEELCHAIR - RENTAL				33.00L	33.00L	33.00L	106
107 LIQUID OXYGEN - RENTAL				150.00	150.00	150.00	107
108 HOSPITAL BED - PURCHASE							108
109 WALKER - PURCHASE				55.00	55.00	55.00	109
110 WHEELCHAIR - PURCHASE				291.20L	291.20L	291.20L	110

NEW MEXICO

NEW MEXICO



Locality - Statewide

1984 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW MEXICO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		26.90*	1
2 INITIAL LIMITEO OFFICE VISIT	33.00	36.40	2
3 INITIAL INTERMEO OFFICE VISIT		36.40	3
4 INITIAL COMP OFFICE VISIT	40.97	74.75	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.50*	11.90*	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.10*	17.20*	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.00	23.50*	7
8 INTERMEOIATE F/U OFFICE VISIT	20.85	26.30	8
9 EXTENDED F/U OFFICE VISIT	26.00	36.50	9
10 COMP FOLLOWUP OFFICE VISIT	41.70	65.00	10
11 BRIEF FOLLOWUP HOME VISIT	21.40*	32.40*	11
12 LIMITEO FOLLOWUP HOME VISIT		40.00	12
13 INTERMOIATE F/U HOME VISIT	30.00	32.00	13
14 EXTENOE O CARE FACILITY VISIT		16.00*	14
15 BRIEF F/U NURSING HOME VISIT	15.10*	17.20*	15
16 INITIAL BRIEF HOSPITAL VISIT	32.40*	43.00*	16
17 INIT INTERMED HOSPITAL VISIT		56.80*	17
18 INITIAL COMP HOSPITAL VISIT	75.30*	80.70*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.90*	16.00*	19
20 LIMITEO F/U HOSPITAL VISIT	21.40*	23.20*	20
21 INTERMEO F/U HOSPITAL VISIT	24.40	32.20*	21
22 EXTENOE F/U HOSPITAL VISIT		48.50	22
23 BRIEF EMERGENCY ROOM VISIT		19.90*P	23
24 LIMITED EMERGENCY ROOM VISIT		31.00 P	24
25 INTERMED EMERGENCY ROOM VISIT		40.20 P	25
26 LIMITED CONSULTATION	32.40*	46.20*	26
27 EXTENSIVE CONSULTATION		64.40*	27
28 COMPREHENSIVE CONSULTATION		86.00*	28
29 PSYCHOTHERAPY-ONE HOUR		52.00*	29
30 PSYCHOTHERAPY-HALF HOUR		35.90*	30
31 CHIROPRACTIC OFFICE VISIT	13.80*	14.30*	31
32 INITIAL PHYSIOTHERAPY		13.80*	32
33 F/U PODIATRIC OFFICE VISIT		17.20*	33
34 ELECTROCARDIOGRAM (EKG)	32.50*	32.50*	34
35 EKG-INTERPRET AND REPORT ONLY	15.60	16.60*	35
36 SPIROMETRY		31.28	36
37 ELECTROENCEPHALOGRAM (EEG)		80.60*	37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS		3.00	39
40 OEBRIOEMENT OF NAILS		11.00	40
41 SKIN BIOPSY		34.20*	41
42 CHEMOCAUTERY		21.40*	42
43 RADICAL MASTECTOMY		1028.10*	43
44 OPEN REDUCTION OF FRACTURE		1075.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	41.70	41.70	45
46 CORONARY ARTERY BYPASS		3930.60*	46
47 TOTAL ARTIFICIAL HIP REPLACE		2470.50*	47
48 NEEDLE PUNCTURE OF BURSA		32.00	48
49 BRONCHOSCOPY		268.20*	49
50 THORACENTESIS		53.70*	50
51 CATHERIZATION OF HEART		689.00*	51
52 INSERTION OF PACEMAKER		1836.00*	52
53 PARTIAL COLECTOMY		1287.70*	53
54 APPENDECTOMY		579.60*	54
55 SIGMOIDOSCOPY		46.20*	55

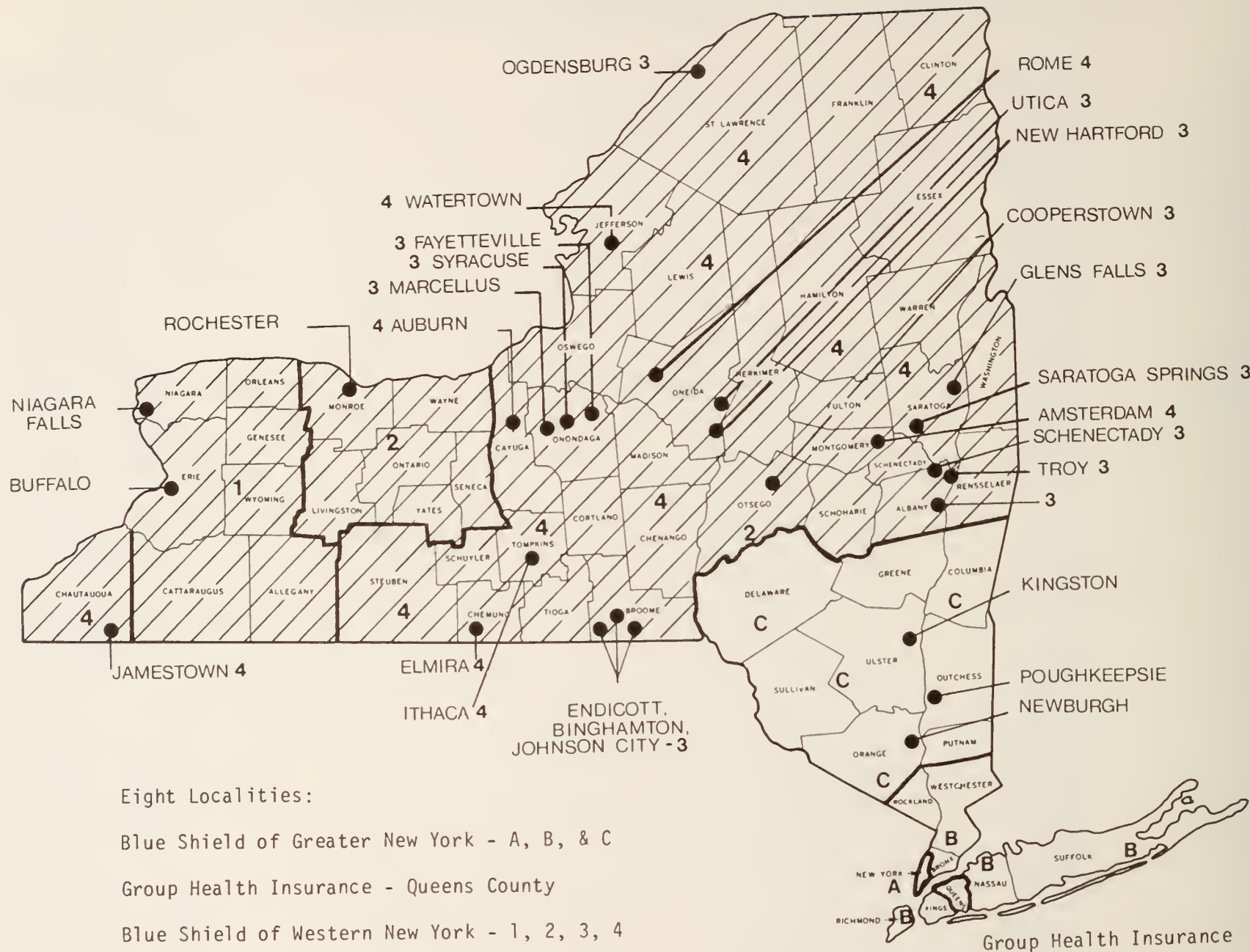
1984 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW MEXICO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		420.10*	56
57 CHOLECYSTECTOMY		858.30*	57
58 REPAIR HERNIA		533.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	75.30*	75.30*	59
60 DILATION OF URETHRA		21.40*	60
61 PROSTATECTOMY - SUPRAPUBIC		1116.00*	61
62 ELECTROSECTION-PROSTATE (TUR)		1092.40*	62
63 HYSTERECTOMY		1023.70*	63
64 INITIAL COMPLETE EYE EXAM		29.20*	64
65 COMPREHENSIVE EYE EXAM		29.20*	65
66 EYE EXAM WITH TONOMETRY		29.42*	66
67 EXTRACTION OF LENS		1004.70*	67
68 CHEST X-RAY - SINGLE VIEW	23.50*	25.80*	68
69 CHEST X-RAY - TWO VIEWS	32.40*	32.50*	69
70 X-RAY SPINE		43.00*	70
71 X-RAY HIP		43.00*	71
72 X-RAY UPPER GI TRACT	67.60*	94.30*	72
73 X-RAY COLON		75.30*	73
74 RADIATION THERAPY-LOW VOLT		26.90*	74
75 RADIATION THERAPY-SUPER VOLT		32.40*	75
76 RADIATION THERAPY-MEGAVOLT		32.40*	76
77 CAT SCAN - HEAD		330.00	77
78 CAT SCAN - ABDOMEN		307.00*	78
79 THREE CHEMISTRY TESTS		12.20	79
80 NINETEEN CHEMISTRY TESTS		24.39	80
81 CULTURE - OTHER THAN BLOOD		13.00	81
82 HEMOGLOBIN		4.17L	82
83 AUTOMATED BLOOD COUNT			83
84 WHITE CELL COUNT		5.00L	84
85 COMPLETE BLOOD COUNT (CBC)		11.45L	85
86 CHOLESTEROL TEST		9.12L	86
87 FLOCCULATION TEST		8.58	87
88 HEMATOCRIT		5.00L	88
89 PLATELET COUNT (REES-ECKER)		10.50	89
90 POTASSIUM TEST - BLOOD		11.50	90
91 PROTHROMBIN TIME TEST		8.86L	91
92 SEDIMENTATION RATE		5.21L	92
93 BLOOD SUGAR		8.00L	93
94 BUN-UREA - NITROGEN		8.12L	94
95 URIC ACID		8.32L	95
96 FECES-OCCULT BLOOD-SCREENING		6.25	96
97 PAP TEST		10.00L	97
98 ROUTINE URINALYSIS		5.50L	98
99 CHEMICAL URINALYSIS		5.23	99
100 PATHOLOGY - THREE SPECIMENS		31.50*	100
101 ELEC MONITORING-PACEMAKER		36.48	101
102 DONOR NEPHRECTOMY-UNILATERAL		1402.60*	102
103 KIDNEY TRANSPLANT		1560.00*	103
104 HOSPITAL BED - RENTAL		41.70L	104
105 WALKER - RENTAL		10.84	105
106 WHEELCHAIR - RENTAL		21.58L	106
107 LIQUID OXYGEN - RENTAL		98.80	107
108 HOSPITAL BED - PURCHASE		547.41L	108
109 WALKER - PURCHASE		65.00	109
110 WHEELCHAIR - PURCHASE		293.42L	110

NEW YORK

NEW YORK



(For more locality information see Appendix A)

1984 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF GREATER NEW YORK
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW YORK
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	A	B	C	A	B	C	
1 INITIAL BRIEF OFFICE VISIT				72.20*	51.60*	40.00	1
2 INITIAL LIMITED OFFICE VISIT							2
3 INITIAL INTERMED OFFICE VISIT							3
4 INITIAL COMP OFFICE VISIT	30.00	40.00	30.90*	72.20*	51.60*	51.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	24.75*	20.00*	16.50*	41.30*	29.40*	20.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT							6
7 LIMITED FOLLOWUP OFFICE VISIT							7
8 INTERMEDIATE F/U OFFICE VISIT							8
9 EXTENDED F/U OFFICE VISIT	35.00	30.90*	30.00	51.60*	41.30*	35.00	9
10 COMP FOLLOWUP OFFICE VISIT	30.90*	25.00*	20.60*	61.90*	51.60*	51.60*	10
11 BRIEF FOLLOWUP HOME VISIT	30.90*	30.10*	21.10*	51.60*	30.90*	30.90*	11
12 LIMITED FOLLOWUP HOME VISIT							12
13 INTERMDIATE F/U HOME VISIT							13
14 EXTENDED CARE FACILITY VISIT				41.30*	35.10*	24.80*	14
15 BRIEF F/U NURSING HOME VISIT	24.80*	20.00*	16.50*	41.30*	29.40*	20.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	41.30*	35.70*	30.90*	72.20*	54.25*	61.90*	16
17 INIT INTERMED HOSPITAL VISIT							17
18 INITIAL COMP HOSPITAL VISIT							18
19 BRIEF FOLLOWUP HOSPITAL VISIT	30.90*	24.75*	20.60*	50.00	30.90*	28.90*	19
20 LIMITED F/U HOSPITAL VISIT							20
21 INTERMED F/U HOSPITAL VISIT							21
22 EXTENDED F/U HOSPITAL VISIT							22
23 BRIEF EMERGENCY ROOM VISIT				30.90*	41.30*	30.90*	23
24 LIMITED EMERGENCY ROOM VISIT							24
25 INTERMED EMERGENCY ROOM VISIT							25
26 LIMITED CONSULTATION	72.20*	35.00*	50.00	103.20*	103.20*	72.20*	26
27 EXTENSIVE CONSULTATION							27
28 COMPREHENSIVE CONSULTATION				103.20*	77.40*	72.20*	28
29 PSYCHOTHERAPY-ONE HOUR				78.40*	60.00	50.00	29
30 PSYCHOTHERAPY-HALF HOUR							30
31 CHIROPRACTIC OFFICE VISIT	16.30*	17.50*	13.60*	16.10*	16.10*	14.40*	31
32 INITIAL PHYSIOTHERAPY				15.50*	10.30*	8.25*	32
33 F/U PODIATRIC OFFICE VISIT				25.00	25.00	20.60*	33
34 ELECTROCARDIOGRAM (EKG)	32.50*	40.00	35.00	44.60*	40.00	35.00	34
35 EKG-INTERPRET AND REPORT ONLY	13.00*	16.00*	14.00*	17.80*	16.00*	14.00*	35
36 SPIROMETRY				45.80*	36.90*	29.90*	36
37 ELECTROENCEPHALOGRAM (EEG)				125.00	91.60*	72.20*	37
38 CHEMOTHERAPY				60.00	60.00	51.60*	38
39 COLLECTION OF SPECIMENS							39
40 DEBRIDEMENT OF NAILS				41.30*	31.20*	20.60*	40
41 SKIN BIOPSY				72.20*	62.90*	51.60*	41
42 CHEMOCAUTERY				92.80*	89.90*	45.00	42
43 RADICAL MASTECTOMY				2067.50*	2097.90*	1611.40*	43
44 OPEN REDUCTION OF FRACTURE				2681.90*	1997.60*	1547.25*	44
45 ARTHROCENTESIS-MAJOR JOINT	51.60*	49.30*	30.90*	72.20*	51.60*	50.00	45
46 CORONARY ARTERY BYPASS				5500.00	6000.00	6000.00	46
47 TOTAL ARTIFICIAL HIP REPLACE				4126.00*	3125.90*	2803.20*	47
48 NEEDLE PUNCTURE OF BURSA				72.20*	49.70*	50.00	48
49 BRONCHOSCOPY				412.60*	361.90*	309.50*	49
50 THORACENTESIS				134.10*	152.90*	82.50*	50
51 CATHETERIZATION OF HEART				1196.70*	1068.40*	928.40*	51
52 INSERTION OF PACEMAKER				1547.25*	1692.30*	1753.60*	52
53 PARTIAL COLECTOMY				2578.75*	2006.10*	1547.25*	53
54 APPENDECTOMY	722.10*	928.40*	618.90*	1134.70*	925.25*	618.90*	54
55 SIGMOIDOSCOPY				72.20*	52.00*	60.00	55

1984 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF GREATER NEW YORK
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW YORK
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	A	B	C	A	B	C	
56 HEMDRRHOIDECTIONY				928.40*	767.40*	433.20*	56
57 CHOLECYSTECTOMY				1753.60*	1278.40*	928.40*	57
58 REPAIR HERNIA				1134.70*	825.20*	618.90*	58
59 DIAGNDSTIC CYSTDURETHRDCDPY	165.00*	92.80*	92.80*	165.00*	150.00*	103.20*	59
60 OILATION OF URETHRA				51.60*	37.10*	30.90*	60
61 PRDSTATECTOMY - SUPRAPUBIC				2063.00*	1635.75*	1330.60*	61
62 ELECTRDSECTIONDN-PROSTATE (TUR)	1650.40*	1547.25*	1547.25*	1702.00*	1547.25*	1547.25*	62
63 HYSTERECTOMY				1753.60*	1522.30*	1134.70*	63
64 INITIAL COMPLETE EYE EXAM				51.60*	41.30*	50.00	64
65 COMPREHENSIVE EYE EXAM				40.40*	33.00*	34.70*	65
66 EYE EXAM WITH TDNOMETRY				41.30*	29.40*	20.60*	66
67 EXTRACTION OF LENS	1134.70*	1059.60*	920.90*	1547.25*	1416.00*	1084.30*	67
68 CHEST X-RAY - SINGLE VIEW	35.00	30.90*	30.90*	41.30*	40.00	30.90*	68
69 CHEST X-RAY - TWO VIEWS	51.60*	50.00	30.90*	51.60*	50.00	40.00	69
70 X-RAY SPINE				92.80*	80.00	65.00	70
71 X-RAY HIP				75.00	62.30*	45.00	71
72 X-RAY UPPER GI TRACT	120.00	125.00	106.50*	154.70*	140.00	100.00	72
73 X-RAY CDLDN				154.70*	125.20*	94.90*	73
74 RADIATION THERAPY-LOW VOLT	30.90*	34.90*	30.90*	60.00	51.60*	30.90*	74
75 RADIATION THERAPY-SUPER VOLT	22.70*	51.60*	25.00	61.90*	51.60*	25.00	75
76 RADIATION THERAPY-MEGAVOLT							76
77 CAT SCAN - HEAD				301.00*	264.90*	212.50*	77
78 CAT SCAN - ABDOMEN				340.00*	298.90*	240.10*	78
79 THREE CHEMISTRY TESTS				10.00L	10.00L	10.00L	79
80 NINETEEN CHEMISTRY TESTS				23.00L	23.00L	23.00L	80
81 CULTURE - OTHER THAN BLOOD				20.00L	20.00L	17.00L	81
82 HEMOGLOBIN				3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT							83
84 WHITE CELL COUNT				4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)				8.00L	8.00L	8.00L	85
86 CHOLESTEROL TEST				5.00L	5.00L	5.00L	86
87 FLOCCULATION TEST				8.00L	8.00L	8.00L	87
88 HEMATOCRIT				5.00L	5.00L	5.00L	88
89 PLATELET COUNT (REES-ECKER)				10.00L	9.50L	10.00L	89
90 POTASSIUM TEST - BLOOD				9.00L	9.00L	8.00L	90
91 PROTHROMBIN TIME TEST				7.00L	7.00L	7.00L	91
92 SEDIMENTATIDN RATE				5.00L	5.00L	5.00L	92
93 BLOOD SUGAR				5.00L	5.00L	5.00L	93
94 BUN-UREA - NITROGEN				5.00L	5.00L	5.00L	94
95 URIC ACID				6.00L	6.00L	6.00L	95
96 FECES-OCCULT BLOOD-SCREENING				9.00L	7.50L	6.00L	96
97 PAP TEST				8.00L	8.00L	8.00L	97
98 ROUTINE URINALYSIS				5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS							99
100 PATHOLOGY - THREE SPECIMENS				27.00L	27.00L	27.00L	100
101 ELEC MONITORING-PACEMAKER				50.00*	49.10*	50.00	101
102 DONOR NEPHRECTOMY-UNILATERAL				2063.00*	1637.40*	1959.90*	102
103 KIDNEY TRANSPLANT				2474.40*	2514.10*	2714.40*	103
104 HOSPITAL BED - RENTAL				60.00L	60.00L	60.00L	104
105 WALKER - RENTAL				10.00L	10.00L	10.00L	105
106 WHEELCHAIR - RENTAL				35.00L	35.00L	35.00L	106
107 LIQUIO OXYGEN - RENTAL				137.00L	43.00L	137.00L	107
108 HOSPITAL BED - PURCHASE				440.00L	440.00L	440.00L	108
109 WALKER - PURCHASE				48.00L	48.00L	48.00L	109
110 WHEELCHAIR - PURCHASE				300.00L	300.00L	300.00L	110

1984 PREVAILING CHARGE SUMMARY DATA GROUP HEALTH INCORPORATED
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW YORK
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		51.60*	1
2 INITIAL LIMITED OFFICE VISIT			2
3 INITIAL INTERMED OFFICE VISIT			3
4 INITIAL COMP OFFICE VISIT	40.00	51.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	20.00*	29.40*	5
6 BRIEF FOLLOWUP OFFICE VISIT			6
7 LIMITED FOLLOWUP OFFICE VISIT			7
8 INTERMEDIATE F/U OFFICE VISIT			8
9 EXTENDED F/U OFFICE VISIT	30.90*	41.30*	9
10 COMP FOLLOWUP OFFICE VISIT	25.00*	51.60*	10
11 BRIEF FOLLOWUP HOME VISIT	30.10*	30.90*	11
12 LIMITED FOLLOWUP HOME VISIT			12
13 INTERMDIATE F/U HOME VISIT			13
14 EXTENDED CARE FACILITY VISIT		35.10*	14
15 BRIEF F/U NURSING HOME VISIT	20.00*	29.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	35.70*	54.25*	16
17 INIT INTERMED HOSPITAL VISIT			17
18 INITIAL COMP HOSPITAL VISIT			18
19 BRIEF FOLLOWUP HOSPITAL VISIT	24.75*	30.90*	19
20 LIMITED F/U HOSPITAL VISIT			20
21 INTERMED F/U HOSPITAL VISIT			21
22 EXTENDED F/U HOSPITAL VISIT			22
23 BRIEF EMERGENCY ROOM VISIT		41.30*	23
24 LIMITED EMERGENCY ROOM VISIT			24
25 INTERMED EMERGENCY ROOM VISIT			25
26 LIMITED CONSULTATION	38.00*	101.10*	26
27 EXTENSIVE CONSULTATION			27
28 COMPREHENSIVE CONSULTATION		123.80*	28
29 PSYCHOTHERAPY-ONE HOUR		60.00	29
30 PSYCHOTHERAPY-HALF HOUR			30
31 CHIROPRACTIC OFFICE VISIT	17.50*	16.10*	31
32 INITIAL PHYSIOTHERAPY		10.30*	32
33 F/U PODIATRIC OFFICE VISIT		25.00	33
34 ELECTROCARDIOGRAM (EKG)	40.00	40.00	34
35 EKG-INTERPRET AND REPORT ONLY	16.00*	16.00*	35
36 SPIROMETRY		36.90*	36
37 ELECTROENCEPHALOGRAM (EEG)		91.60*	37
38 CHEMOTHERAPY		60.00	38
39 COLLECTION OF SPECIMENS			39
40 DEBRIDEMENT OF NAILS		31.20*	40
41 SKIN BIOPSY		62.90*	41
42 CHEMOCAUTERY		89.90*	42
43 RADICAL MASTECTOMY		2097.90*	43
44 OPEN REDUCTION OF FRACTURE		1997.60*	44
45 ARTHROCENTESIS-MAJOR JOINT	49.30*	51.60*	45
46 CORONARY ARTERY BYPASS		6000.00	46
47 TOTAL ARTIFICIAL HIP REPLACE		3125.90*	47
48 NEEDLE PUNCTURE OF BURSA		49.70*	48
49 BRONCHOSCOPY		361.90*	49
50 THORACENTESIS		152.90*	50
51 CATHERIZATION OF HEART		1068.40*	51
52 INSERTION OF PACEMAKER		1692.30*	52
53 PARTIAL COLECTOMY		2006.10*	53
54 APPENDECTOMY	928.40*	925.25*	54
55 SIGMOIDOSCOPY		52.00*	55

1984 PREVAILING CHARGE SUMMARY DATA GROUP HEALTH INCORPORATED
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW YORK
LOCALITY DESIGNATION FOR SPECIALIST

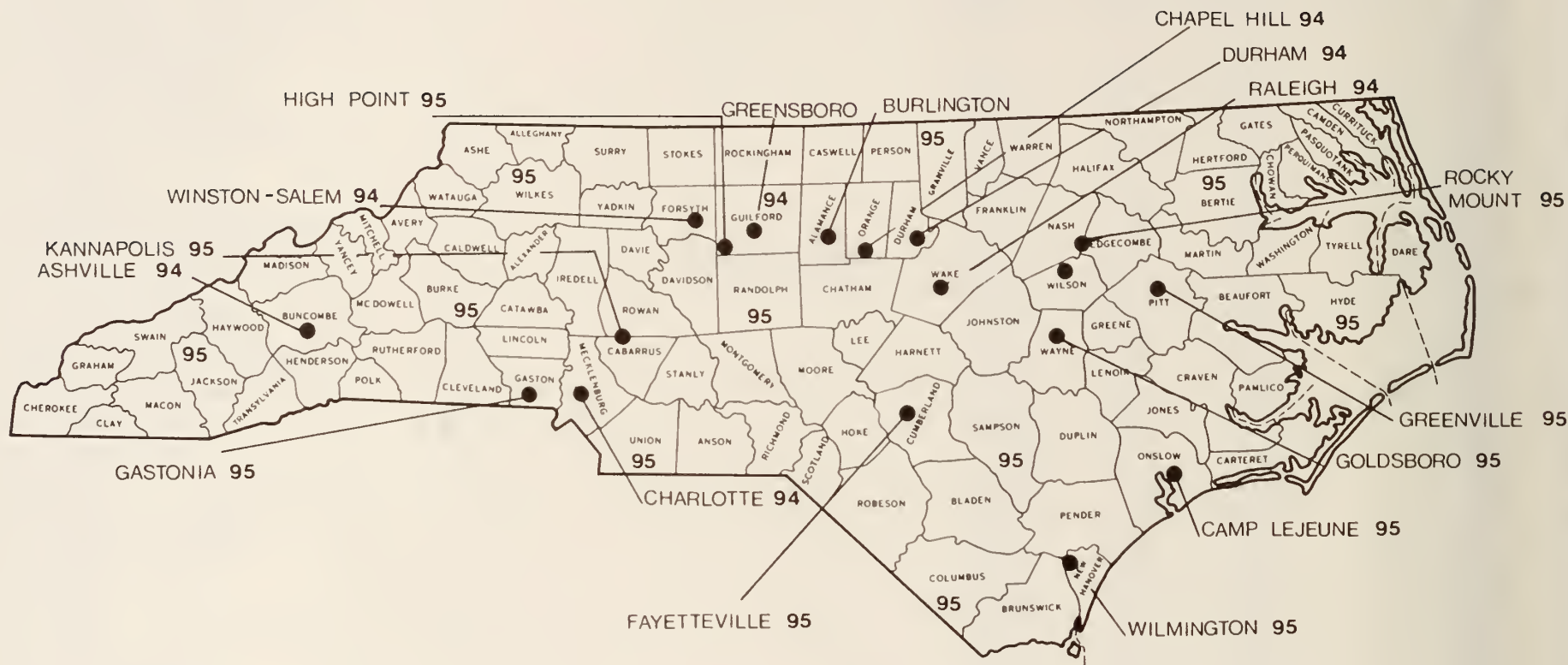
PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		767.40*	56
57 CHOLECYSTECTOMY		1278.40*	57
58 REPAIR HERNIA		825.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	92.80*	150.00*	59
60 DILATION OF URETHRA		51.60*	60
61 PROSTATECTOMY - SUPRAPUBIC		1635.75*	61
62 ELECTROSECTION-PROSTATE (TUR)	1547.25*	1547.25*	62
63 HYSTERECTOMY		1522.30*	63
64 INITIAL COMPLETE EYE EXAM		41.30*	64
65 COMPREHENSIVE EYE EXAM		33.00*	65
66 EYE EXAM WITH TONOMETRY		29.40*	66
67 EXTRACTION OF LENS	1059.60*	1416.00*	67
68 CHEST X-RAY - SINGLE VIEW	30.90*	40.00	68
69 CHEST X-RAY - TWO VIEWS	50.00	50.00	69
70 X-RAY SPINE		80.00	70
71 X-RAY HIP		62.30*	71
72 X-RAY UPPER GI TRACT	125.00	140.00	72
73 X-RAY COLON		125.20*	73
74 RADIATION THERAPY-LOW VOLT	34.90*	51.60*	74
75 RADIATION THERAPY-SUPER VOLT	51.60*	51.60*	75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD		264.90*	77
78 CAT SCAN - ABDOMEN		298.90*	78
79 THREE CHEMISTRY TESTS		10.00L	79
80 NINETEEN CHEMISTRY TESTS		23.00L	80
81 CULTURE - OTHER THAN BLOOD		20.00L	81
82 HEMOGLOBIN		3.00L	82
83 AUTOMATED BLOOD COUNT			83
84 WHITE CELL COUNT		4.00L	84
85 COMPLETE BLOOD COUNT (CBC)		8.00L	85
86 CHOLESTEROL TEST		5.00L	86
87 FLOCCULATION TEST		8.00L	87
88 HEMATOCRIT		5.00L	88
89 PLATELET COUNT (REES-ECKER)		9.50L	89
90 POTASSIUM TEST - BLOOD		9.00L	90
91 PROTHROMBIN TIME TEST		7.00L	91
92 SEDIMENTATION RATE		5.00L	92
93 BLOOD SUGAR		5.00L	93
94 BUN-UREA - NITROGEN		5.00L	94
95 URIC ACID		6.00L	95
96 FECES-OCCULT BLOOD-SCREENING		7.50L	96
97 PAP TEST		8.00L	97
98 ROUTINE URINALYSIS		5.00L	98
99 CHEMICAL URINALYSIS			99
100 PATHOLOGY - THREE SPECIMENS		27.00L	100
101 ELEC MONITORING-PACEMAKER		49.10*	101
102 DONOR NEPHRECTOMY-UNILATERAL		1637.40*	102
103 KIDNEY TRANSPLANT		2514.10*	103
104 HOSPITAL BED - RENTAL		60.00L	104
105 WALKER - RENTAL		10.00L	105
106 WHEELCHAIR - RENTAL		35.00L	106
107 LIQUID OXYGEN - RENTAL		137.00L	107
108 HOSPITAL BED - PURCHASE		440.00L	108
109 WALKER - PURCHASE		48.00L	109
110 WHEELCHAIR - PURCHASE		300.00L	110

PROCEDURE DESCRIPTION	1	2	3	4	
1 INITIAL BRIEF OFFICE VISIT	13.50*	20.60*	19.40*	15.30*	1
2 INITIAL LIMITED OFFICE VISIT	26.90*	26.00	25.00	20.00	2
3 INITIAL INTERMED OFFICE VISIT	40.00	55.00	40.00	30.00	3
4 INITIAL COMP OFFICE VISIT	80.00	73.00	60.00	50.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT					5
6 BRIEF FOLLOWUP OFFICE VISIT	13.50*	20.60*	19.40*	15.30*	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.20*	22.00	21.90*	20.00	7
8 INTERMEDIATE F/U OFFICE VISIT	25.66	25.00	25.00	22.00	8
9 EXTENDED F/U OFFICE VISIT	34.00	35.00	27.00	25.00	9
10 COMP FOLLOWUP OFFICE VISIT					10
11 BRIEF FOLLOWUP HOME VISIT	26.90*	25.00	22.10*	20.60*	11
12 LIMITED FOLLOWUP HOME VISIT	38.49	40.00	31.40*	28.00	12
13 INTERMDIATE F/U HOME VISIT	47.07	40.00	34.90	25.00	13
14 EXTENDED CARE FACILITY VISIT	13.50*	19.80*	18.80*	15.30*	14
15 BRIEF F/U NURSING HOME VISIT	13.50*	16.50*	19.40	15.30*	15
16 INITIAL BRIEF HOSPITAL VISIT	40.35	41.30*	34.50*	38.00*	16
17 INIT INTERMED HOSPITAL VISIT	67.25	56.10*	54.70*	51.60*	17
18 INITIAL COMP HOSPITAL VISIT	87.40*	86.63	75.00	75.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.50*	16.50*	18.20*	15.10*	19
20 LIMITED F/U HOSPITAL VISIT	20.17	27.56	22.70*	24.75*	20
21 INTERMED F/U HOSPITAL VISIT					21
22 EXTENDED F/U HOSPITAL VISIT	53.80*	35.44	41.00	35.00	22
23 BRIEF EMERGENCY ROOM VISIT	13.50*	15.00	18.80*	11.60*	23
24 LIMITED EMERGENCY ROOM VISIT	20.20*	24.75*	25.00	20.60*	24
25 INTERMED EMERGENCY ROOM VISIT	25.00	30.00	29.00	33.00	25
26 LIMITED CONSULTATION	38.60*	42.90*	35.90*	32.60*	26
27 EXTENSIVE CONSULTATION	64.25*	73.00	55.50*	51.60*	27
28 COMPREHENSIVE CONSULTATION	83.50*	90.00	82.50*	80.00	28
29 PSYCHOTHERAPY-ONE HOUR	80.20*	65.00	75.00	70.00	29
30 PSYCHOTHERAPY-HALF HOUR	48.10*	40.00	30.90*	30.90*	30
31 CHIROPRACTIC OFFICE VISIT	16.00	17.00	15.10*	15.00	31
32 INITIAL PHYSIOTHERAPY	13.50*	20.00	15.00	13.00*	32
33 F/U PODIATRIC OFFICE VISIT	13.50*	20.60*	19.40*	15.30*	33
34 ELECTROCARDIOGRAM (EKG)	30.90	36.00	35.00	35.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.15*	30.00	25.00	20.00	35
36 SPIROMETRY	40.00	36.00	30.00	20.00	36
37 ELECTROENCEPHALOGRAM (EEG)	92.50	80.00	76.30*	30.00	37
38 CHEMOTHERAPY	33.60*	20.00	28.50	30.00	38
39 COLLECTION OF SPECIMENS	3.30	6.00	3.50	4.00	39
40 DEBRIDEMENT OF NAILS	31.10*	25.40*	19.00	18.00	40
41 SKIN BIOPSY	44.40*	39.30	40.00	46.60*	41
42 CHEMOCAUTERY	56.00	39.30	54.50*	45.00	42
43 RADICAL MASTECTOMY	777.00*	791.20*	946.90*	1037.10*	43
44 OPEN REDUCTION OF FRACTURE	1110.00*	1300.00	1196.50*	1114.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	33.30*	15.00	29.30*	30.00	45
46 CORONARY ARTERY BYPASS	2835.00	3403.50*	3500.00	3285.50*	46
47 TOTAL ARTIFICIAL HIP REPLACE	1665.00*	2244.30*	2256.10*	2147.00*	47
48 NEEDLE PUNCTURE OF BURSA	33.30*	35.00	28.70*	30.90*	48
49 BRONCHOSCOPY	222.00*	185.70*	212.90*	196.80*	49
50 THORACENTESIS	55.50*	50.00	66.00*	51.60*	50
51 CATHERIZATION OF HEART	530.00	530.00	600.00	530.00	51
52 INSERTION OF PACEMAKER	880.00	880.00	880.00	880.00	52
53 PARTIAL COLECTOMY	999.00*	1114.20*	1140.20*	1031.50*	53
54 APPENDECTOMY	444.00*	433.20*	520.00	515.75*	54
55 SIGMOIDOSCOPY					55

PROCEDURE DESCRIPTION	1	2	3	4	
56 HEMORRHOIDECTOMY	222.00*	86.60*	225.00	225.00	56
57 CHOLECYSTECTOMY	666.00*	680.80*	840.00	742.70*	57
58 REPAIR HERNIA	388.50*	408.50*	505.20*	458.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	83.00	74.30*	61.90*	68.50*	59
60 DILATION OF URETHRA	33.30*	35.00	24.75*	30.90*	60
61 PROSTATECTOMY - SUPRAPUBIC	888.00*	928.60*	1031.50*	990.20*	61
62 ELECTROSECTION-PROSTATE (TUR)	888.00*	928.60*	990.20*	990.20*	62
63 HYSTERECTOMY	888.00*	804.80*	992.90*	905.20*	63
64 INITIAL COMPLETE EYE EXAM					64
65 COMPREHENSIVE EYE EXAM	45.00	28.00	40.00	41.30*	65
66 EYE EXAM WITH TONOMETRY	25.00	19.20*	21.70*	13.80*	66
67 EXTRACTION OF LENS	740.80*	1033.80*	990.20*	928.40*	67
68 CHEST X-RAY - SINGLE VIEW	20.80*	30.70*	30.00	25.80*	68
69 CHEST X-RAY - TWO VIEWS	31.20*	44.80*	40.00	37.00	69
70 X-RAY SPINE	56.75*	75.50*	76.00	72.00	70
71 X-RAY HIP	38.60*	57.00	51.00	45.00	71
72 X-RAY UPPER GI TRACT	79.50*	103.40*	89.90*	99.00	72
73 X-RAY COLON	68.10*	103.40*	76.90*	83.75*	73
74 RADIATION THERAPY-LOW VOLT	21.40*	27.90*	22.70*	28.00	74
75 RADIATION THERAPY-SUPER VOLT	27.80*	47.20*	50.83	50.83	75
76 RADIATION THERAPY-MEGAVOLT	31.00	30.40	31.00	31.00	76
77 CAT SCAN - HEAD	177.80*	344.00*	344.00	314.00	77
78 CAT SCAN - ABDOMEN	200.70*	386.00	386.00	386.00	78
79 THREE CHEMISTRY TESTS	8.80*	24.00	25.50	22.00	79
80 NINETEEN CHEMISTRY TESTS	17.00	17.00	22.00	25.00	80
81 CULTURE - OTHER THAN BLOOD	4.40*	20.00	25.00	20.00	81
82 HEMOGLOBIN	2.20*	3.00	3.00	2.00	82
83 AUTOMATED BLOOD COUNT	11.00*	9.76L	8.00L	9.00L	83
84 WHITE CELL COUNT	4.40*	4.00L	3.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)	6.60*	10.00	10.00	10.00	85
86 CHOLESTEROL TEST	7.70L	6.00L	7.00L	7.00L	86
87 FLOCCULATION TEST					87
88 HEMATOCRIT	2.20*	3.00	3.00	3.00	88
89 PLATELET COUNT (REES-ECKER)	5.50*	7.50	11.00	10.00	89
90 POTASSIUM TEST - BLOOD	5.50*	7.00	8.50	9.00	90
91 PROTHROMBIN TIME TEST	6.30L	7.00L	5.75L	6.00L	91
92 SEDIMENTATION RATE	4.40*	4.00L	5.00L	5.00L	92
93 BLOOD SUGAR	5.50*	5.00L	6.00L	5.00L	93
94 BUN-UREA - NITROGEN	6.60*	6.00L	7.50L	7.00L	94
95 URIC ACID	5.50*	6.00L	7.00L	6.00L	95
96 FECES-OCCULT BLOOD-SCREENING	5.50	3.50	5.00	5.00	96
97 PAP TEST	8.75L	6.00L	10.00L	5.00L	97
98 ROUTINE URINALYSIS	5.50L	4.00L	5.00L	4.00L	98
99 CHEMICAL URINALYSIS	2.90*	3.00	4.50	3.00	99
100 PATHOLOGY - THREE SPECIMENS	44.00	30.00	46.50	26.20	100
101 ELEC MONITORING-PACEMAKER					101
102 DONOR NEPHRECTOMY-UNILATERAL					102
103 KIDNEY TRANSPLANT					103
104 HOSPITAL BED - RENTAL	55.00L	60.00L	55.00L	60.00L	104
105 WALKER - RENTAL	13.00	15.00	12.16	17.00	105
106 WHEELCHAIR - RENTAL	30.00L	33.00L	30.00L	30.00L	106
107 LIQUID OXYGEN - RENTAL	40.00	40.00	45.00	53.75	107
108 HOSPITAL BED - PURCHASE	219.00	219.00	219.00	219.00	108
109 WALKER - PURCHASE	39.35	57.35	40.00	45.00	109
110 WHEELCHAIR - PURCHASE	269.00L	305.00L	273.05L	259.00L	110

NORTH CAROLINA

NORTH CAROLINA



Two Localities:

Area 94 - Charlotte, Durham, Greensboro, Winston-Salem, Raleigh, Asheville, Chapel Hill. (Locality determined by the city cited in the return address.)

Area 95 - All other cities not listed above and all rural areas.

1984 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NORTH CAROLINA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	94	95	94	95	
1 INITIAL BRIEF OFFICE VISIT			28.90*	24.80*	1
2 INITIAL LIMITED OFFICE VISIT	51.60*	40.00	61.90*	51.60*	2
3 INITIAL INTERMED OFFICE VISIT			61.90*	51.60*	3
4 INITIAL COMP OFFICE VISIT	76.00	50.00	95.00	65.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.20*	8.00	12.00	6.20*	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.40*	12.40*	16.50*	14.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.00	20.00	27.00	20.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	31.00*	18.60*	31.00*	24.80*	8
9 EXTENDED F/U OFFICE VISIT	26.00	25.00	51.60*	35.00	9
10 COMP FOLLOWUP OFFICE VISIT	40.00	40.00	70.00	56.00	10
11 BRIEF FOLLOWUP HOME VISIT	24.80*	20.60*	24.80*	20.60*	11
12 LIMITED FOLLOWUP HOME VISIT			32.00	30.00	12
13 INTERMDIATE F/U HOME VISIT	32.00	30.00	32.00	30.00	13
14 EXTENDED CARE FACILITY VISIT			20.60*	16.50*	14
15 BRIEF F/U NURSING HOME VISIT	14.40*	12.40*	16.50*	14.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	31.00*	31.00*	41.30*	41.30*	16
17 INIT INTERMED HOSPITAL VISIT			72.20*	72.20*	17
18 INITIAL COMP HOSPITAL VISIT	86.00	61.90*	120.00	74.30*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	15.50*	14.40*	20.60*	18.60*	19
20 LIMITED F/U HOSPITAL VISIT	25.00	20.60*	40.00	31.00*	20
21 INTERMED F/U HOSPITAL VISIT	15.50*	14.40*	20.60*	18.60*	21
22 EXTENDED F/U HOSPITAL VISIT			41.30*	40.00	22
23 BRIEF EMERGENCY ROOM VISIT			31.00*	20.60*	23
24 LIMITED EMERGENCY ROOM VISIT					24
25 INTERMED EMERGENCY ROOM VISIT					25
26 LIMITED CONSULTATION	31.00*	31.00*	31.00*	31.00*	26
27 EXTENSIVE CONSULTATION			72.20*	61.90*	27
28 COMPREHENSIVE CONSULTATION			101.10*	80.00	28
29 PSYCHOTHERAPY-ONE HOUR			50.00	50.00	29
30 PSYCHOTHERAPY-HALF HOUR			40.00	40.00	30
31 CHIROPRACTIC OFFICE VISIT			14.40*	14.40*	31
32 INITIAL PHYSIOTHERAPY			24.80*	24.80*	32
33 F/U PODIATRIC OFFICE VISIT			16.50*	16.50*	33
34 ELECTROCARDIOGRAM (EKG)	25.00	28.00	29.00	28.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.50*P	14.00 P	15.00 P	14.00 P	35
36 SPIROMETRY			45.00	36.00	36
37 ELECTROENCEPHALOGRAM (EEG)			87.00	87.00	37
38 CHEMOTHERAPY					38
39 COLLECTION OF SPECIMENS			3.00	3.00	39
40 DEBRIDEMENT OF NAILS			14.40*	14.40*	40
41 SKIN BIOPSY			51.60*	45.00	41
42 CHEMOCAUTERY			20.60*	20.60*	42
43 RADICAL MASTECTOMY			1031.50*	866.50*	43
44 OPEN REDUCTION OF FRACTURE			1134.70*	990.20*	44
45 ARTHROCENTESIS-MAJOR JOINT	24.00	22.70*	25.00	27.00	45
46 CORONARY ARTERY BYPASS			3914.75*	3919.40*	46
47 TOTAL ARTIFICIAL HIP REPLACE			2520.00	2340.00	47
48 NEEDLE PUNCTURE OF BURSA			20.60*	20.60*	48
49 BRONCHOSCOPY			247.60*	185.70*	49
50 THORACENTESIS			51.60*	43.90*	50
51 CATHERIZATION OF HEART			515.75*	515.75*	51
52 INSERTION OF PACEMAKER			1280.00	1237.80	52
53 PARTIAL COLECTOMY			1237.80*	990.20*	53
54 APPENDECTOMY	515.75*	515.75*	536.40*	515.75*	54
55 SIGMOIDOSCOPY			50.00	41.30*	55

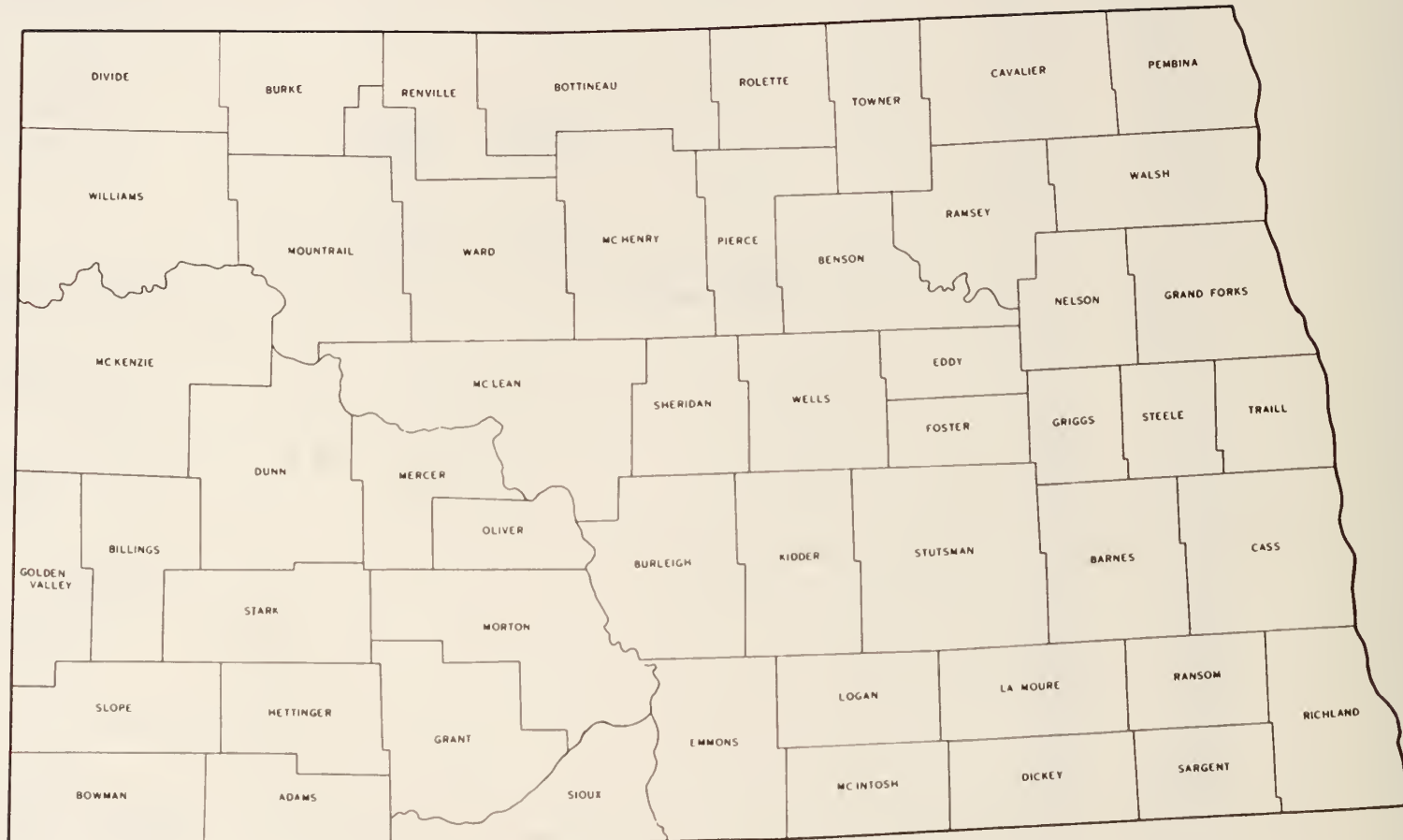
1984 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NORTH CAROLINA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	94	95	94	95	
56 HEMORRHOIDECTOMY			435.00	371.30*	56
57 CHOLECYSTECTOMY			825.20*	742.70*	57
58 REPAIR HERNIA			515.75*	433.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	51.60	51.60	61.90*	61.90*	59
60 DILATION OF URETHRA			20.60*	20.60*	60
61 PROSTATECTOMY - SUPRAPUBIC			1102.00	1102.00	61
62 ELECTROSECTION-PROSTATE (TUR)	1102.00	1102.00	1102.00	1102.00	62
63 HYSTERECTOMY			979.90*	866.50*	63
64 INITIAL COMPLETE EYE EXAM			36.00	36.00	64
65 COMPREHENSIVE EYE EXAM			32.00	32.00	65
66 EYE EXAM WITH TONOMETRY			20.00	20.00	66
67 EXTRACTION OF LENS	928.40*	928.40*	928.40*	928.40*	67
68 CHEST X-RAY - SINGLE VIEW	24.80*	20.60*	24.80*	24.80*	68
69 CHEST X-RAY - TWO VIEWS	31.00*	31.00*	31.00*	31.00*	69
70 X-RAY SPINE			51.60*	51.60*	70
71 X-RAY HIP			31.00*	31.00*	71
72 X-RAY UPPER GI TRACT	61.90*	72.20	61.90*	61.90*	72
73 X-RAY COLON			61.90*	61.90*	73
74 RADIATION THERAPY-LOW VOLT	25.67*	23.97*	31.00*	31.00*	74
75 RADIATION THERAPY-SUPER VOLT					75
76 RADIATION THERAPY-MEGAVOLT			85.00	85.00	76
77 CAT SCAN - HEAD			375.00	375.00	77
78 CAT SCAN - ABDOMEN			375.00	375.00	78
79 THREE CHEMISTRY TESTS			13.00	13.00	79
80 NINETEEN CHEMISTRY TESTS			21.00	21.00	80
81 CULTURE - OTHER THAN BLOOD			11.75	11.75	81
82 HEMOGLOBIN			3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT			7.00L	7.00L	83
84 WHITE CELL COUNT			4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)			7.00L	7.00L	85
86 CHOLESTEROL TEST			7.00L	7.00L	86
87 FLOCCULATION TEST			8.00	8.00	87
88 HEMATOCRIT			4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)			9.00	9.00	89
90 POTASSIUM TEST - BLOOD			8.00	8.00	90
91 PROTHROMBIN TIME TEST			7.00L	7.00L	91
92 SEDIMENTATION RATE			6.00L	6.00L	92
93 BLOOD SUGAR			6.00L	6.00L	93
94 BUN-UREA - NITROGEN			6.25L	6.25L	94
95 URIC ACID			7.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING			4.00	4.00	96
97 PAP TEST			7.00L	7.00L	97
98 ROUTINE URINALYSIS			4.00L	4.00L	98
99 CHEMICAL URINALYSIS			4.00	4.00	99
100 PATHOLOGY - THREE SPECIMENS			25.00	25.00	100
101 ELEC MONITORING-PACEMAKER			14.10*	11.90*	101
102 DONOR NEPHRECTOMY-UNILATERAL			1120.00	1120.00	102
103 KIDNEY TRANSPLANT					103
104 HOSPITAL BED - RENTAL			50.00L	50.00L	104
105 WALKER - RENTAL			10.00	10.00	105
106 WHEELCHAIR - RENTAL			26.00L	26.00L	106
107 LIQUID OXYGEN - RENTAL			37.63	37.63	107
108 HOSPITAL BED - PURCHASE			456.80L	456.80L	108
109 WALKER - PURCHASE			40.00	40.00	109
110 WHEELCHAIR - PURCHASE			287.00L	287.00L	110

NORTH DAKOTA

NORTH DAKOTA



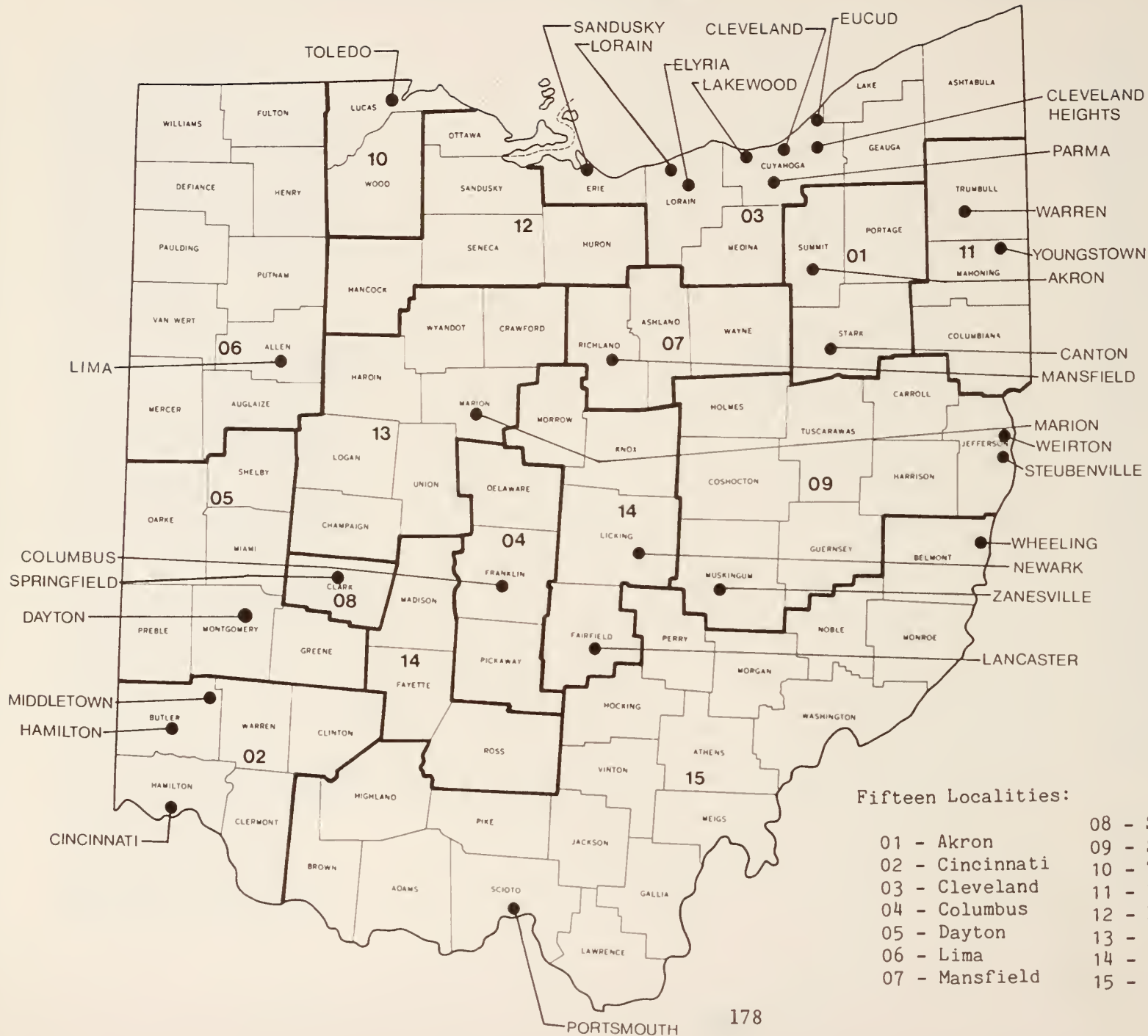
One Locality - Statewide

PROCEDURE DESCRIPTION	SINGLE	
1 INITIAL BRIEF OFFICE VISIT	20.70*	1
2 INITIAL LIMITED OFFICE VISIT	25.00*	2
3 INITIAL INTERMED OFFICE VISIT	18.22	3
4 INITIAL COMP OFFICE VISIT	51.50	4
5 MINIMAL FOLLOWUP OFFICE VISIT	10.30*	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	18.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	20.70	8
9 EXTENDED F/U OFFICE VISIT	37.20*	9
10 COMP FOLLOWUP OFFICE VISIT	51.50	10
11 BRIEF FOLLOWUP HOME VISIT	16.10*	11
12 LIMITED FOLLOWUP HOME VISIT	26.50	12
13 INTERMDIATE F/U HOME VISIT	26.50	13
14 EXTENDED CARE FACILITY VISIT	12.40*	14
15 BRIEF F/U NURSING HOME VISIT	12.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	49.50*	16
17 INIT INTERMED HOSPITAL VISIT	67.10*	17
18 INITIAL COMP HOSPITAL VISIT	99.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.40*	19
20 LIMITED F/U HOSPITAL VISIT	24.80*	20
21 INTERMED F/U HOSPITAL VISIT	24.80*	21
22 EXTENDED F/U HOSPITAL VISIT	49.50*	22
23 BRIEF EMERGENCY ROOM VISIT	21.80*	23
24 LIMITED EMERGENCY ROOM VISIT	21.80*	24
25 INTERMED EMERGENCY ROOM VISIT	35.20*	25
26 LIMITED CONSULTATION	37.20*	26
27 EXTENSIVE CONSULTATION	67.10*	27
28 COMPREHENSIVE CONSULTATION	92.60*	28
29 PSYCHOTHERAPY-ONE HOUR	80.50*	29
30 PSYCHOTHERAPY-HALF HOUR	44.60*	30
31 CHIROPRACTIC OFFICE VISIT	15.50*	31
32 INITIAL PHYSIOTHERAPY	15.00	32
33 F/U PODIATRIC OFFICE VISIT	18.60*	33
34 ELECTROCARDIOGRAM (EKG)	36.80*	34
35 EKG-INTERPRET AND REPORT ONLY	18.10*	35
36 SPIROMETRY	39.30*	36
37 ELECTROENCEPHALOGRAM (EEG)	102.00	37
38 CHEMOTHERAPY	18.60*	38
39 COLLECTION OF SPECIMENS	3.00	39
40 DEBRIDEMENT OF NAILS	20.00	40
41 SKIN BIOPSY	37.20*	41
42 CHEMOCAUTERY		42
43 RADICAL MASTECTOMY	895.90*	43
44 OPEN REDUCTION OF FRACTURE	990.10*	44
45 ARTHROCENTESIS-MAJOR JOINT	24.80*	45
46 CORONARY ARTERY BYPASS	3507.90*	46
47 TOTAL ARTIFICIAL HIP REPLACE	1856.30*	47
48 NEEDLE PUNCTURE OF BURSA	26.90*	48
49 BRONCHOSCOPY	206.30*	49
50 THORACENTESIS	37.20*	50
51 CATHERIZATION OF HEART	628.60	51
52 INSERTION OF PACEMAKER		52
53 PARTIAL COLECTOMY	990.00*	53
54 APPENDECTOMY	494.80*	54
55 SIGMOIDOSCOPY	68.70*	55

PROCEDURE DESCRIPTION	SINGLE	
56 HEMORRHOIDECTOMY	371.40*	56
57 CHOLECYSTECTOMY	742.60*	57
58 REPAIR HERNIA	495.05*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	61.90*	59
60 DILATION OF URETHRA	37.20*	60
61 PROSTATECTOMY - SUPRAPUBIC	990.10*	61
62 ELECTROSECTION-PROSTATE (TUR)	920.00*	62
63 HYSTERECTOMY	866.40*	63
64 INITIAL COMPLETE EYE EXAM	25.70	64
65 COMPREHENSIVE EYE EXAM	33.20*	65
66 EYE EXAM WITH TONOMETRY	25.00	66
67 EXTRACTION OF LENS	928.20*	67
68 CHEST X-RAY - SINGLE VIEW	22.75*	68
69 CHEST X-RAY - TWO VIEWS	37.20*	69
70 X-RAY SPINE	61.90*	70
71 X-RAY HIP	41.20*	71
72 X-RAY UPPER GI TRACT	80.70*	72
73 X-RAY COLON	65.90*	73
74 RADIATION THERAPY-LOW VOLT	30.75	74
75 RADIATION THERAPY-SUPER VOLT	33.00*	75
76 RADIATION THERAPY-MEGAVOLT	37.00	76
77 CAT SCAN - HEAD	332.40*	77
78 CAT SCAN - ABOOMEN	326.20*	78
79 THREE CHEMISTRY TESTS	39.00	79
80 NINETEEN CHEMISTRY TESTS	30.00	80
81 CULTURE - OTHER THAN BLOOD	20.50	81
82 HEMOGLOBIN	5.25L	82
83 AUTOMATED BLOOD COUNT	18.00	83
84 WHITE CELL COUNT	6.00L	84
85 COMPLETE BLOOD COUNT (CBC)	10.00	85
86 CHOLESTEROL TEST	10.00L	86
87 FLOCCULATION TEST	8.00	87
88 HEMATOCRIT	5.50L	88
89 PLATELET COUNT (REES-ECKER)	10.00	89
90 POTASSIUM TEST - BLOOD	13.00	90
91 PROTHROMBIN TIME TEST	8.50L	91
92 SEDIMENTATION RATE	6.50L	92
93 BLOOD SUGAR	10.00L	93
94 BUN-UREA - NITROGEN	10.00L	94
95 URIC ACID	11.00L	95
96 FECES-OCCULT BLOOD-SCREENING	6.00	96
97 PAP TEST	5.00L	97
98 ROUTINE URINALYSIS	6.00L	98
99 CHEMICAL URINALYSIS	4.40	99
100 PATHOLOGY - THREE SPECIMENS	27.00	100
101 ELEC MONITORING-PACEMAKER		101
102 DONOR NEPHRECTOMY-UNILATERAL		102
103 KIDNEY TRANSPLANT		103
104 HOSPITAL BED - RENTAL	52.00	104
105 WALKER - RENTAL	5.00	105
106 WHEELCHAIR - RENTAL	24.50L	106
107 LIQUID OXYGEN - RENTAL	90.00	107
108 HOSPITAL BED - PURCHASE		108
109 WALKER - PURCHASE	61.00	109
110 WHEELCHAIR - PURCHASE	282.35L	110

OHIO

OHIO



Fifteen Localities:

- | | |
|-----------------|----------------------|
| 01 - Akron | 08 - Springfield |
| 02 - Cincinnati | 09 - Steubenville |
| 03 - Cleveland | 10 - Toledo |
| 04 - Columbus | 11 - Youngstown |
| 05 - Dayton | 12 - Lake Plains |
| 06 - Lima | 13 - Sandusky Valley |
| 07 - Mansfield | 14 - Scioto Valley |
| | 15 - Ohio Valley |

1984 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT					20.60*	18.60*	20.60*	20.60*	1
2 INITIAL LIMITED OFFICE VISIT	16.50*	14.40*	14.40*	14.40*	20.60*	18.60*	20.60*	20.60*	2
3 INITIAL INTERMED OFFICE VISIT					30.90*	30.90*	20.60*	30.90*	3
4 INITIAL COMP OFFICE VISIT	60.00	39.00	55.00	50.00	72.20*	70.00	70.00	68.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00	6.00	5.00	5.00	5.00	6.00	8.25*	6.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	16.50*	14.40*	14.40*	14.40*	20.60*	18.60*	20.60*	20.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	16.50*	14.40*	14.40*	14.40*	20.60*	18.60*	20.60*	20.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	16.50*	14.40*	14.40*	14.40*	20.60*	18.60*	20.60*	20.60*	8
9 EXTENDED F/U OFFICE VISIT	24.75*	25.00	17.90*	20.00	30.90*	30.90*	20.60*	30.90*	9
10 COMP FOLLOWUP OFFICE VISIT	60.00	39.00	55.00	50.00	72.20*	70.00	70.00	68.00	10
11 BRIEF FOLLOWUP HOME VISIT	24.75*	20.60*	24.75*	24.75*	24.75*	28.90*	20.60*	24.75*	11
12 LIMITED FOLLOWUP HOME VISIT					24.75*	28.90*	20.60*	24.75*	12
13 INTERMDIATE F/U HOME VISIT	24.75*	20.60*	24.75*	24.75*	24.75*	28.90*	20.60*	24.75*	13
14 EXTENDED CARE FACILITY VISIT					20.60*	20.60*	20.60*	20.00	14
15 BRIEF F/U NURSING HOME VISIT	16.50*	14.40*	14.40*	14.40*	20.60*	18.60*	20.60*	20.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	30.90*	30.90*	41.30*	50.00	51.60*	51.60*	51.60*	51.60*	16
17 INIT INTERMED HOSPITAL VISIT					61.90*	72.20*	61.90*	61.90*	17
18 INITIAL COMP HOSPITAL VISIT	51.60*	50.00	51.60*	51.60*	61.90*	72.20*	61.90*	61.90*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	18.60*	16.50*	16.50*	18.60*	20.60*	20.60*	20.60*	20.60*	19
20 LIMITED F/U HOSPITAL VISIT	18.60*	16.50*	16.50*	18.60*	20.60*	20.60*	20.60*	20.60*	20
21 INTERMED F/U HOSPITAL VISIT	30.90*	30.90*	41.30*	50.00	51.60*	51.60*	51.60*	51.60*	21
22 EXTENDED F/U HOSPITAL VISIT					51.60*	51.60*	51.60*	51.60*	22
23 BRIEF EMERGENCY ROOM VISIT					40.00	30.90*	30.90*	24.75*	23
24 LIMITED EMERGENCY ROOM VISIT					40.00	30.90*	30.90*	24.75*	24
25 INTERMED EMERGENCY ROOM VISIT					40.00	30.90*	30.90*	24.75*	25
26 LIMITED CONSULTATION	55.00	60.00	75.00	60.00	80.00	90.00	90.00	85.00	26
27 EXTENSIVE CONSULTATION					80.00	90.00	90.00	85.00	27
28 COMPREHENSIVE CONSULTATION					80.00	90.00	90.00	85.00	28
29 PSYCHOTHERAPY-ONE HOUR					55.00	60.00	70.00	40.00	29
30 PSYCHOTHERAPY-HALF HOUR					40.00	50.00	40.00	45.00	30
31 CHIROPRACTIC OFFICE VISIT					14.40*	14.40*	14.40*	14.40*	31
32 INITIAL PHYSIOTHERAPY					15.50*	16.50*	20.00	20.00	32
33 F/U PODIATRIC OFFICE VISIT					16.50*	16.50*	20.00	16.50*	33
34 ELECTROCARDIOGRAM (EKG)	30.90*	28.00	30.90*	30.00	30.00	25.00	30.90*	30.90*	34
35 EKG-INTERPRET AND REPORT ONLY	14.40*	12.40*	20.00	16.50*	12.40*	10.30*	14.00	10.30*	35
36 SPIROMETRY					30.00	40.00	40.00	55.00	36
37 ELECTROENCEPHALOGRAM (EEG)					82.50*	82.50*	82.50*	82.50*	37
38 CHEMOTHERAPY					21.30*	20.60*	26.80*	26.80*	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					20.60*	20.60*	20.60*	20.60*	40
41 SKIN BIOPSY					40.00	51.60*	72.20*	30.90*	41
42 CHEMOCAUTERY					30.00	15.00	25.00	30.00	42
43 RADICAL MASTECTOMY					1140.80*	1054.20*	1050.00	996.40*	43
44 OPEN REDUCTION OF FRACTURE					990.20*	1031.50*	1031.50*	928.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	30.90*	30.90*	30.00	30.90*	30.00	30.90*	25.00	30.90*	45
46 CORONARY ARTERY BYPASS					4630.00	4630.00	4630.00	4630.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					3000.00	2800.00	3200.00	3571.10*	47
48 NEEDLE PUNCTURE OF BURSA					20.60*	20.60*	20.60*	20.60*	48
49 BRONCHOSCOPY					250.00	206.30*	250.00	226.90*	49
50 THORACENTESIS					41.30*	41.30*	51.10*	41.30*	50
51 CATERIZATION OF HEART					722.10*	722.10*	722.10*	722.10*	51
52 INSERTION OF PACEMAKER					1031.50*	1237.80*	928.40*	1237.80*	52
53 PARTIAL COLECTOMY					1031.50*	1237.80*	1134.70*	1237.80*	53
54 APPENDECTOMY					515.75*	515.75*	515.75*	515.75*	54
55 SIGMOIDOSCOPY					51.60*	50.00	51.60*	41.30*	55

1984 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
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OHIO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIDECTOMY					515.75*	515.75*	520.00	515.75*	56
57 CHOLECYSTECTOMY					825.20*	825.20*	825.20*	825.20*	57
58 REPAIR HERNIA					515.75*	515.75*	515.75*	464.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					72.20*	72.20*	103.20*	72.20*	59
60 DILATION OF URETHRA					20.60*	20.60*	30.90*	15.00	60
61 PROSTATECTOMY - SUPRAPUBIC					928.40*	1031.50*	1031.50*	1134.70*	61
62 ELECTROSECTION-PROSTATE (TUR)					928.40*	928.40*	928.40*	928.40*	62
63 HYSTERECTOMY					928.40*	928.40*	928.40*	928.40*	63
64 INITIAL COMPLETE EYE EXAM					30.00	32.00	35.00	32.00	64
65 COMPREHENSIVE EYE EXAM					30.00	32.00	35.00	32.00	65
66 EYE EXAM WITH TONOMETRY					20.60*	30.90*	30.00	30.00	66
67 EXTRACTION OF LENS					825.20*	1031.50*	1031.50*	876.80*	67
68 CHEST X-RAY - SINGLE VIEW	20.60*	24.75*	20.60*	20.60*	18.00*	30.00	15.50*	24.75*	68
69 CHEST X-RAY - TWD VIEWS	30.90*	30.90*	30.90*	30.90*	33.00*	37.00	37.10*	30.90*	69
70 X-RAY SPINE					25.00*	41.30*	41.30*	41.30*	70
71 X-RAY HIP					37.10*	33.00	51.60*	30.90*	71
72 X-RAY UPPER GI TRACT	51.60*	51.60*	51.60*	51.60*	72.20*	61.90*	61.90*	72.20*	72
73 X-RAY COLON					35.00*	61.90*	72.20*	61.90*	73
74 RADIATION THERAPY-LOW VOLT					25.80*	30.00	25.80*	30.00	74
75 RADIATION THERAPY-SUPER VOLT					51.60*	41.30*	34.20*	30.90*	75
76 RADIATION THERAPY-MEGAVOLT					51.60*	51.60*	39.20*	47.40*	76
77 CAT SCAN - HEAD					231.10*	325.00	352.80*	325.00	77
78 CAT SCAN - ABDOMEN					288.60*	491.20*	413.20*	444.60*	78
79 THREE CHEMISTRY TESTS					1.20	1.20	1.40	1.60	79
80 NINETEEN CHEMISTRY TESTS					1.20	1.20	1.40	1.60	80
81 CULTURE - OTHER THAN BLOOD					10.75	17.50	16.00	16.75	81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT									83
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					9.50L	9.50L	9.50L	9.50L	85
86 CHOLESTEROL TEST					7.00L	7.00L	7.00L	7.00L	86
87 FLOCCULATION TEST					8.75	10.00	8.50	8.00	87
88 HEMATOCRIT					3.50L	3.50L	3.50L	3.50L	88
89 PLATELET COUNT (REES-ECKER)					7.00	10.00	9.75	9.80	89
90 POTASSIUM TEST - BLOOD					10.20	10.00	10.00	9.00	90
91 PROTHROMBIN TIME TEST					6.50L	6.50L	6.50L	6.50L	91
92 SEDIMENTATION RATE					5.35L	5.35L	5.35L	5.35L	92
93 BLOOD SUGAR					5.00L	5.00L	5.00L	5.00L	93
94 BUN-UREA - NITROGEN					6.00L	6.00L	6.00L	6.00L	94
95 URIC ACID					7.00L	7.00L	7.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING					5.00	5.00	5.00	4.00	96
97 PAP TEST					8.00L	8.00L	8.00L	8.00L	97
98 ROUTINE URINALYSIS					4.00L	4.00L	4.00L	4.00L	98
99 CHEMICAL URINALYSIS					3.00	3.00	4.50	1.75	99
100 PATHOLOGY - THREE SPECIMENS					26.00	20.00	26.00	25.00	100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL					1500.00	1500.00	1500.00	1500.00	102
103 KIDNEY TRANSPLANT					2223.90*	2628.30*	2913.00*	2628.30*	103
104 HOSPITAL BED - RENTAL					40.00	49.50	49.50L	45.00	104
105 WALKER - RENTAL					10.00	25.18	16.50	18.00	105
106 WHEELCHAIR - RENTAL					20.00L	20.00L	20.00L	20.00L	106
107 LIQUID OXYGEN - RENTAL					63.30	85.00	60.00	80.00	107
108 HOSPITAL BED - PURCHASE					550.00L	550.00L	550.00L	550.00L	108
109 WALKER - PURCHASE					54.00	58.50	61.00	57.96	109
110 WHEELCHAIR - PURCHASE					269.00L	269.00L	269.00L	269.00L	110

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LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	07	08	05	06	07	08	
1 INITIAL BRIEF OFFICE VISIT					20.60*	14.40*	14.40*	16.50*	1
2 INITIAL LIMITED OFFICE VISIT	14.40*	12.40*	12.40*	12.40*	20.60*	14.40*	14.40*	16.50*	2
3 INITIAL INTERMED OFFICE VISIT					22.00	17.00	20.00	20.60*	3
4 INITIAL COMP OFFICE VISIT	50.00	50.00	30.00	35.00	65.00	61.90*	61.90*	82.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.00	4.00	5.00	5.00	5.00	8.00	6.00	8.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.40*	12.40*	12.40*	12.40*	20.60*	14.40*	14.40*	16.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	14.40*	12.40*	12.40*	12.40*	20.60*	14.40*	14.40*	16.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	14.40*	12.40*	12.40*	12.40*	20.60*	14.40*	14.40*	16.50*	8
9 EXTENDED F/U OFFICE VISIT	20.00	17.00	18.00	20.00	22.00	17.00	20.00	20.60*	9
10 COMP FOLLOWUP OFFICE VISIT	50.00	50.00	30.00	35.00	65.00	61.90*	61.90*	82.50*	10
11 BRIEF FOLLOWUP HOME VISIT	20.60*	20.00	18.00	22.50	30.90*	30.90*	24.75*	25.00	11
12 LIMITED FOLLOWUP HOME VISIT					30.90*	30.90*	24.75*	25.00	12
13 INTERMDIATE F/U HOME VISIT	20.60*	20.00	18.00	22.50	30.90*	30.90*	24.75*	25.00	13
14 EXTENDED CARE FACILITY VISIT					20.00	12.00	16.50*	16.50*	14
15 BRIEF F/U NURSING HOME VISIT	14.40*	12.40*	12.40*	12.40*	20.00*	14.40*	14.40*	16.50*	15
16 INITIAL BRIEF HOSPITAL VISIT	41.30*	33.00*	30.90*	41.30*	61.90*	61.90*	51.60*	41.30*	16
17 INIT INTERMED HOSPITAL VISIT					80.00	61.90*	61.90*	72.20*	17
18 INITIAL COMP HOSPITAL VISIT	51.60*	50.00	51.60*	50.00	80.00	61.90*	61.90*	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.60*	12.40*	14.40*	14.40*	24.75*	16.50*	16.50*	16.50*	19
20 LIMITED F/U HOSPITAL VISIT	20.60*	12.40*	14.40*	14.40*	24.75*	16.50*	16.50*	16.50*	20
21 INTERMED F/U HOSPITAL VISIT	41.30*	33.00*	30.90*	41.30*	61.90*	61.90*	51.60*	41.30*	21
22 EXTENDED F/U HOSPITAL VISIT					61.90*	61.90*	51.60*	41.30*	22
23 BRIEF EMERGENCY ROOM VISIT					24.75*	30.90*	28.90*	22.70*	23
24 LIMITED EMERGENCY ROOM VISIT					24.75*	30.90*	28.90*	22.70*	24
25 INTERMED EMERGENCY ROOM VISIT					24.75*	30.90*	28.90*	22.70*	25
26 LIMITED CONSULTATION	62.70*	80.00	50.00	47.00*	90.00	80.00	85.00	80.00	26
27 EXTENSIVE CONSULTATION					90.00	80.00	85.00	80.00	27
28 COMPREHENSIVE CONSULTATION					90.00	80.00	85.00	80.00	28
29 PSYCHOTHERAPY-ONE HOUR					75.00	70.10*	60.00	32.00	29
30 PSYCHOTHERAPY-HALF HOUR					40.00	43.30*	40.00	30.00	30
31 CHIROPRACTIC OFFICE VISIT					14.40*	13.00	14.40*	14.40*	31
32 INITIAL PHYSIOTHERAPY					20.00	20.00	20.00	20.00	32
33 F/U PODIATRIC OFFICE VISIT					14.40*	16.50*	14.40*	14.40*	33
34 ELECTROCARDIOGRAM (EKG)	30.00	30.90*	27.00	30.90*	30.00	30.00	30.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.50*	10.30*	15.50*	10.30*	15.00*	15.00	15.00	10.30*	35
36 SPIROMETRY					40.00	40.00	40.00	40.00	36
37 ELECTROENCEPHALOGRAM (EEG)					82.50*	82.50*	82.50*	82.50*	37
38 CHEMOTHERAPY					20.60*	20.60*	20.60*	20.60*	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					20.60*	20.60*	20.60*	20.60*	40
41 SKIN BIOPSY					51.60*	51.60*	51.60*	51.60*	41
42 CHEMOCAUTERY					30.00	30.00	30.00	30.00	42
43 RADICAL MASTECTOMY					925.00	1107.00	967.50*	953.10*	43
44 OPEN REDUCTION OF FRACTURE					1031.50*	1031.50*	825.20*	1031.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	30.90*	30.90*	30.90*	30.90*	30.90*	30.90*	30.90*	30.90*	45
46 CORONARY ARTERY BYPASS					4630.00	4630.00	4630.00	4630.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					2760.00	2850.00	2380.70*	2809.80*	47
48 NEEDLE PUNCTURE OF BURSA					20.60*	20.60*	20.60*	20.60*	48
49 BRONCHOSCOPY					206.30*	206.30*	206.30*	206.30*	49
50 THORACENTESIS					41.30*	41.30*	41.30*	41.30*	50
51 CATHERIZATION OF HEART					722.10*	722.10*	722.10*	722.10*	51
52 INSERTION OF PACEMAKER					1237.80*	1237.80*	1237.80*	1237.80*	52
53 PARTIAL COLECTOMY					1031.50*	1547.25*	1031.50*	1031.50*	53
54 APPENDECTOMY					515.75*	515.75*	515.75*	515.75*	54
55 SIGMOIDOSCOPY					51.60*	72.20*	51.60*	25.00	55

1984 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	07	08	05	06	07	08	
56 HEMORRHOIDECTOMY					515.75*	515.75*	515.75*	515.75*	56
57 CHOLECYSTECTOMY					722.10*	897.40*	670.50*	722.10*	57
58 REPAIR HERNIA					464.20*	550.00	412.60*	464.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					103.20*	51.60*	103.20*	72.20*	59
60 DILATION OF URETHRA					20.00	20.60*	20.60*	25.00*	60
61 PROSTATECTOMY - SUPRAPUBIC					1072.80*	990.20*	990.20*	990.20*	61
62 ELECTROSECTION-PROSTATE (TUR)					1072.80*	825.20*	825.20*	825.20*	62
63 HYSTERECTOMY					928.40*	928.40*	928.40*	928.40*	63
64 INITIAL COMPLETE EYE EXAM					30.00	28.00	32.00	30.90*	64
65 COMPREHENSIVE EYE EXAM					30.00	28.00	32.00	30.90*	65
66 EYE EXAM WITH TONOMETRY					30.90*	30.90*	30.00	20.60*	66
67 EXTRACTION OF LENS					825.20*	722.10*	825.20*	722.10*	67
68 CHEST X-RAY - SINGLE VIEW	24.75*	24.75*	24.75*	24.75*	15.00*	15.50*	15.50*	12.40*	68
69 CHEST X-RAY - TWO VIEWS	30.90*	30.90*	30.90*	30.90*	30.90*	37.10*	15.00	37.10*	69
70 X-RAY SPINE					30.90*	41.30*	20.60*	41.30*	70
71 X-RAY HIP					33.00	37.10*	37.10*	37.10*	71
72 X-RAY UPPER GI TRACT	51.60*	51.60*	51.60*	51.60*	61.90*	72.20*	72.20*	72.20*	72
73 X-RAY COLON					61.90*	61.90*	51.60*	61.90*	73
74 RADIATION THERAPY-LOW VOLT					25.00	25.80*	25.80*	25.80*	74
75 RADIATION THERAPY-SUPER VOLT					30.90*	37.10*	37.10*	37.10*	75
76 RADIATION THERAPY-MEGAVOLT					43.30*	47.40*	47.40*	61.90*	76
77 CAT SCAN - HEAD					284.70*	278.50*	245.50*	210.40*	77
78 CAT SCAN - ABDOMEN					358.75*	350.90*	288.60*	249.60*	78
79 THREE CHEMISTRY TESTS					1.80	2.25	1.00	1.00	79
80 NINETEEN CHEMISTRY TESTS					1.80	2.25	1.00	1.00	80
81 CULTURE - OTHER THAN BLOOD					20.00	12.00	12.00	10.00	81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT									83
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					9.50L	9.50L	9.50L	9.50L	85
86 CHOLESTEROL TEST					7.00L	7.00L	7.00L	7.00L	86
87 FLOCCULATION TEST					8.00	8.50	8.50	8.50	87
88 HEMATOCRIT					3.50L	3.50L	3.50L	3.50L	88
89 PLATELET COUNT (REES-ECKER)					9.00	10.00	6.50	12.00	89
90 POTASSIUM TEST - BLOOD					10.00	10.00	9.50	9.00	90
91 PROTHROMBIN TIME TEST					6.50L	6.50L	6.00	6.50L	91
92 SEDIMENTATION RATE					5.35L	5.35L	5.35L	5.35L	92
93 BLOOD SUGAR					5.00L	5.00L	5.00L	5.00L	93
94 BUN-UREA - NITROGEN					6.00L	6.00L	6.00L	5.00	94
95 URIC ACID					7.00L	7.00L	7.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING					5.00	3.30	5.00	5.00	96
97 PAP TEST					8.00L	8.00L	8.00L	8.00L	97
98 ROUTINE URINALYSIS					4.00L	4.00L	4.00L	4.00L	98
99 CHEMICAL URINALYSIS					3.00	4.00	4.00	4.00	99
100 PATHOLOGY - THREE SPECIMENS					24.25	15.00	22.00	26.00	100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL					1500.00	1500.00	1500.00	1500.00	102
103 KIDNEY TRANSPLANT					3115.10*	2143.50*	2306.40*	2467.30*	103
104 HOSPITAL BED - RENTAL					49.50L	45.00	49.50L	49.50	104
105 WALKER - RENTAL					9.00	16.00	22.00	15.60	105
106 WHEELCHAIR - RENTAL					20.00	20.00L	20.00L	20.00L	106
107 LIQUID OXYGEN - RENTAL					85.00	85.00	85.00	85.00	107
108 HOSPITAL BED - PURCHASE					550.00L	550.00L	550.00L	550.00L	108
109 WALKER - PURCHASE					61.15	53.46	53.15	41.98	109
110 WHEELCHAIR - PURCHASE					269.00L	269.00L	269.00L	269.00L	110

1984 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	09	10	11	12	09	10	11	12	
1 INITIAL BRIEF OFFICE VISIT					16.50*	20.60*	16.50*	14.40*	1
2 INITIAL LIMITED OFFICE VISIT	12.40*	16.50*	16.50*	12.40*	16.50*	20.60*	16.50*	14.40*	2
3 INITIAL INTERMED OFFICE VISIT					30.90*	30.00	30.00	20.60*	3
4 INITIAL COMP OFFICE VISIT	40.00	60.00	43.00	50.00	40.00	61.90*	50.00	40.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.00	8.25*	5.00	5.00	5.00	5.00	8.25*	3.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.40*	16.50*	16.50*	12.40*	16.50*	20.60*	16.50*	14.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	12.40*	16.50*	16.50*	12.40*	16.50*	20.60*	16.50*	14.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	12.40*	16.50*	16.50*	12.40*	16.50*	20.60*	16.50*	14.40*	8
9 EXTENDED F/U OFFICE VISIT	20.00	20.00	20.00	20.00	30.90*	30.00	30.00	20.60*	9
10 COMP FOLLOWUP OFFICE VISIT	40.00	60.00	43.00	50.00	40.00	61.90*	50.00	40.00	10
11 BRIEF FOLLOWUP HOME VISIT	20.00	24.75*	24.75*	20.60*	20.00	24.75*	24.75*	24.75*	11
12 LIMITED FOLLOWUP HOME VISIT					20.00	24.75*	24.75*	24.75*	12
13 INTERMDIATE F/U HOME VISIT	20.00	24.75*	24.75*	20.60*	20.00	24.75*	24.75*	24.75*	13
14 EXTENDED CARE FACILITY VISIT					20.00	20.60*	16.50*	17.00	14
15 BRIEF F/U NURSING HOME VISIT	12.40*	16.50*	16.50*	12.40*	16.50*	20.60*	16.50*	14.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	30.90*	30.90*	30.90*	41.30*	50.00	51.60*	41.30*	41.30*	16
17 INIT INTERMED HOSPITAL VISIT					51.60*	51.60*	51.60*	51.60*	17
18 INITIAL COMP HOSPITAL VISIT	41.30*	51.60*	50.00	51.60*	51.60*	51.60*	51.60*	51.60*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.40*	16.50*	16.50*	14.40*	20.60*	20.60*	16.50*	18.60*	19
20 LIMITED F/U HOSPITAL VISIT	12.40*	16.50*	16.50*	14.40*	20.60*	20.60*	16.50*	18.60*	20
21 INTERMED F/U HOSPITAL VISIT	30.90*	30.90*	30.90*	41.30*	50.00	51.60*	41.30*	41.30*	21
22 EXTENDED F/U HOSPITAL VISIT					50.00	51.60*	41.30*	41.30*	22
23 BRIEF EMERGENCY ROOM VISIT					30.00	21.70*	30.90*	30.00	23
24 LIMITED EMERGENCY ROOM VISIT					30.00	21.70*	30.90*	30.00	24
25 INTERMED EMERGENCY ROOM VISIT					30.00	21.70*	30.90*	30.00	25
26 LIMITED CONSULTATION	50.00	55.00	50.00	60.00	75.00	92.00	80.00	80.00	26
27 EXTENSIVE CONSULTATION					75.00	92.00	80.00	80.00	27
28 COMPREHENSIVE CONSULTATION					75.00	92.00	80.00	80.00	28
29 PSYCHOTHERAPY-ONE HOUR					50.00	70.00	60.00	65.00	29
30 PSYCHOTHERAPY-HALF HOUR					35.00	40.00	40.00	23.00	30
31 CHIROPRACTIC OFFICE VISIT					14.40*	14.40*	14.40*	14.40*	31
32 INITIAL PHYSIOTHERAPY					14.40*	20.00	20.00	20.00	32
33 F/U PODIATRIC OFFICE VISIT					14.40*	16.50*	16.50*	14.40*	33
34 ELECTROCARDIOGRAM (EKG)	35.00	30.90*	40.00	30.00	30.00	30.90*	40.00	27.00	34
35 EKG-INTERPRET AND REPORT ONLY	10.30*	16.50*	15.50*	16.50*	15.00	10.30*	15.00	10.30*	35
36 SPIROMETRY					40.00	40.00	40.00	40.00	36
37 ELECTROENCEPHALOGRAM (EEG)					82.50*	82.50*	82.50*	82.50*	37
38 CHEMOTHERAPY					20.60*	20.60*	20.60*	20.60*	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					20.60*	20.60*	20.60*	20.60*	40
41 SKIN BIOPSY					35.00	51.60*	51.60*	51.60*	41
42 CHEMOCAUTERY					30.00	30.00	30.00	30.00	42
43 RADICAL MASTECTOMY					895.30*	1068.60*	1270.80*	938.70*	43
44 OPEN REDUCTION OF FRACTURE					1031.50*	928.40*	928.40*	1031.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	30.90*	30.90*	30.90*	30.90*	30.90*	30.90*	30.90*	30.90*	45
46 CORONARY ARTERY BYPASS					4630.00	4630.00	4630.00	4630.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					2200.00	3000.00	2900.00	1906.20*	47
48 NEEDLE PUNCTURE OF BURSA					20.60*	20.60*	20.60*	20.60*	48
49 BRONCHOSCOPY					206.30*	206.30*	206.30*	206.30*	49
50 THORACENTESIS					41.30*	41.30*	41.30*	41.30*	50
51 CATHERIZATION OF HEART					722.10*	722.10*	722.10*	722.10*	51
52 INSERTION OF PACEMAKER					1237.80*	1237.80*	1255.00	1237.80*	52
53 PARTIAL COLECTOMY					876.80*	1031.50*	1031.50*	1031.50*	53
54 APPENDECTOMY					515.75*	515.75*	515.75*	515.75*	54
55 SIGMOIDOSCOPY					41.30*	51.60*	60.00	41.30*	55

1984 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	09	10	11	12	09	10	11	12	
56 HEMORRHOIDECTOMY					515.75*	515.75*	515.75*	515.75*	56
57 CHOLECYSTECTOMY					722.10*	825.20*	900.00	722.10*	57
58 REPAIR HERNIA					381.70*	464.20*	515.75*	464.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					51.60*	103.20*	154.70*	51.60*	59
60 DILATION OF URETHRA					15.00	30.00	20.00	24.75*	60
61 PRDSTATECTOMY - SUPRAPUBIC					825.20*	990.20*	1031.50*	990.20*	61
62 ELECTROSECTION-PRDSTATE (TUR)					825.20*	1031.50*	990.20*	825.20*	62
63 HYSTERECTOMY					928.40*	928.40*	928.40*	928.40*	63
64 INITIAL CDMPLETE EYE EXAM					24.00	32.00	32.00	31.20	64
65 CDMPREHENSIVE EYE EXAM					24.00	32.00	32.00	31.20	65
66 EYE EXAM WITH TONOMETRY					25.00	28.00	24.75*	30.90*	66
67 EXTRACTION OF LENS					825.20*	928.40*	928.40*	722.10*	67
68 CHEST X-RAY - SINGLE VIEW	15.50*	24.75*	24.75*	20.00	15.00*	12.40*	35.10*	15.50*	68
69 CHEST X-RAY - TWD VIEWS	38.00	30.90*	40.00	30.90*	30.90*	30.90*	37.10*	37.10*	69
70 X-RAY SPINE					20.60*	35.10*	20.00*	41.30*	70
71 X-RAY HIP					37.10*	35.10*	37.10*	37.10*	71
72 X-RAY UPPER GI TRACT	51.60*	51.60*	51.60*	51.60*	61.90*	37.10*	82.50*	72.20*	72
73 X-RAY COLDN					61.90*	38.00*	72.20*	61.90*	73
74 RADIATION THERAPY-LOW VOLT					25.80*	20.60*	20.60*	23.50*	74
75 RADIATION THERAPY-SUPER VOLT					30.90*	37.10*	30.90*	27.40*	75
76 RADIATION THERAPY-MEGAVOLT					37.10*	57.80*	37.10*	33.00*	76
77 CAT SCAN - HEAD					251.70*	237.20*	325.00	325.00	77
78 CAT SCAN - ABDOMEN					335.20*	288.60*	499.00*	467.90*	78
79 THREE CHEMISTRY TESTS					2.00	1.20	1.80	1.00	79
80 NINETEEN CHEMISTRY TESTS					2.00	1.20	1.80	1.00	80
81 CULTURE - DTHR THAN BLOOD					7.00	16.00	19.50	10.00	81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLDDD COUNT									83
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					9.50L	9.50L	9.50L	9.50L	85
86 CHOLESTEROL TEST					7.00L	7.00L	7.00L	7.00L	86
87 FLOCCULATION TEST					8.00	5.00	8.00	8.50	87
88 HEMATOCRIT					3.50L	3.50L	3.50L	3.50L	88
89 PLATELET COUNT (REES-ECKER)					8.00	7.00	10.75	5.00	89
90 POTASSIUM TEST - BLOOD					10.00	7.50	12.00	10.00	90
91 PRDTHRDMBIN TIME TEST					6.50L	5.25	6.50L	6.50L	91
92 SEDIMENTATION RATE					5.35L	5.35L	5.35L	5.35L	92
93 BLOOD SUGAR					5.00L	5.00	5.00L	5.00L	93
94 BUN-UREA - NITROGEN					6.00L	5.00	6.00L	6.00L	94
95 URIC ACID					7.00L	7.00L	7.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING					5.00	4.00	5.00	5.00	96
97 PAP TEST					8.00L	8.00L	8.00L	8.00L	97
98 RDUTINE URINALYSIS					4.00L	4.00L	4.00L	4.00L	98
99 CHEMICAL URINALYSIS					4.00	4.00	4.00	4.00	99
100 PATHOLOGY - THREE SPECIMENS					50.00	25.00	35.00	15.00	100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL					1500.00	1500.00	1500.00	1500.00	102
103 KIDNEY TRANSPLANT					2386.90*	3073.90*	3073.90*	1739.10*	103
104 HOSPITAL BED - RENTAL					49.50L	49.50	49.50L	49.50	104
105 WALKER - RENTAL					15.00	16.00	19.50	15.60	105
106 WHEELCHAIR - RENTAL					20.00L	20.00L	20.00L	20.00L	106
107 LIQUID OXYGEN - RENTAL					85.00	105.00	85.00	85.00	107
108 HOSPITAL BED - PURCHASE					550.00L	550.00L	550.00L	550.00L	108
109 WALKER - PURCHASE					62.75	58.95	57.45	61.15	109
110 WHEELCHAIR - PURCHASE					269.00L	269.00L	269.00L	269.00L	110

1984 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	13	14	15	13	14	15	
1 INITIAL BRIEF OFFICE VISIT				17.00	20.00	14.40*	1
2 INITIAL LIMITED OFFICE VISIT	12.40*	12.40*	12.40*	17.00	20.00	14.40*	2
3 INITIAL INTERMED OFFICE VISIT				25.00	25.00	20.00	3
4 INITIAL COMP OFFICE VISIT	30.00	45.00	45.00	61.50	65.00	51.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	3.00	3.00	5.00	5.00	8.25*	4.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.40*	12.40*	12.40*	17.00	20.00	14.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	12.40*	12.40*	12.40*	17.00	20.00	14.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	12.40*	12.40*	12.40*	17.00	20.00	14.40*	8
9 EXTENDED F/U OFFICE VISIT	20.00	21.00	20.00	25.00	25.00	20.00	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	45.00	45.00	61.50	65.00	51.60*	10
11 BRIEF FOLLOWUP HOME VISIT	20.00	20.60*	20.60*	20.60*	20.60*	14.40*	11
12 LIMITED FOLLOWUP HOME VISIT				20.60*	20.60*	14.40*	12
13 INTERMDIATE F/U HOME VISIT	20.00	20.60*	20.60*	20.60*	20.60*	14.40*	13
14 EXTENDED CARE FACILITY VISIT				18.00	20.60*	16.50*	14
15 BRIEF F/U NURSING HOME VISIT	12.40*	12.40*	12.40*	17.00*	20.00	14.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	30.90*	30.90*	30.90*	51.60*	51.60*	51.60*	16
17 INIT INTERMED HOSPITAL VISIT				65.00	51.60*	60.00	17
18 INITIAL COMP HOSPITAL VISIT	51.60*	50.00	50.00	65.00	51.60*	60.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.40*	12.40*	14.40*	16.50*	20.60*	16.50*	19
20 LIMITED F/U HOSPITAL VISIT	12.40*	12.40*	14.40*	16.50*	20.60*	16.50*	20
21 INTERMED F/U HOSPITAL VISIT	30.90*	30.90*	30.90*	51.60*	51.60*	51.60*	21
22 EXTENDED F/U HOSPITAL VISIT				51.60*	51.60*	51.60*	22
23 BRIEF EMERGENCY ROOM VISIT				25.00	30.00	20.60*	23
24 LIMITED EMERGENCY ROOM VISIT				25.00	30.00	20.60*	24
25 INTERMED EMERGENCY ROOM VISIT				25.00	30.00	20.60*	25
26 LIMITED CONSULTATION	90.00	60.00	62.70*	70.00	75.00	70.00	26
27 EXTENSIVE CONSULTATION				70.00	75.00	70.00	27
28 COMPREHENSIVE CONSULTATION				70.00	75.00	70.00	28
29 PSYCHOTHERAPY-ONE HOUR				65.00	65.00	70.00	29
30 PSYCHOTHERAPY-HALF HOUR				40.00	26.00	40.00	30
31 CHIROPRACTIC OFFICE VISIT				14.40*	14.40*	14.40*	31
32 INITIAL PHYSIOTHERAPY				17.50*	20.00	14.40*	32
33 F/U PODIATRIC OFFICE VISIT				14.40*	16.50*	14.40*	33
34 ELECTROCARDIOGRAM (EKG)	30.90*	30.00	35.00	30.00	28.00	26.80*	34
35 EKG-INTERPRET AND REPORT ONLY	16.50*	20.00	20.00	15.00	15.00	15.00	35
36 SPIROMETRY				40.00	40.00	40.00	36
37 ELECTROENCEPHALOGRAM (EEG)				82.50*	82.50*	82.50*	37
38 CHEMOTHERAPY				20.60*	20.60*	20.60*	38
39 COLLECTION OF SPECIMENS				3.00	3.00	3.00	39
40 OEBRIOEMENT OF NAILS				20.60*	20.60*	20.60*	40
41 SKIN BIOPSY				51.60*	51.60*	51.60*	41
42 CHEMOCAUTERY				30.00	30.00	30.00	42
43 RADICAL MASTECTOMY				779.80*	924.20*	866.50*	43
44 OPEN REDUCTION OF FRACTURE				1031.50*	1031.50*	1031.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	30.90*	30.90*	30.90*	30.90*	30.90*	30.90*	45
46 CORONARY ARTERY BYPASS				4630.00	4630.00	4630.00	46
47 TOTAL ARTIFICIAL HIP REPLACE				2400.00	2380.70*	3000.00	47
48 NEEDLE PUNCTURE OF BURSA				20.60*	20.60*	20.60*	48
49 BRONCHOSCOPY				206.30*	206.30*	206.30*	49
50 THORACENTESIS				41.30*	41.30*	41.30*	50
51 CATHERIZATION OF HEART				722.10*	722.10*	722.10*	51
52 INSERTION OF PACEMAKER				1237.80*	1237.80*	1237.80*	52
53 PARTIAL COLECTOMY				1031.50*	1031.50*	928.40*	53
54 APPENDECTOMY				515.75*	515.75*	515.75*	54
55 SIGMOIDOSCOPY				30.90*	41.30*	30.90*	55

1984 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	13	14	15		13	14	15	
56 HEMORRHOIDECTOMY					515.75*	309.50*	515.75*	56
57 CHOLECYSTECTOMY					825.20*	722.10*	825.20*	57
58 REPAIR HERNIA					412.60*	515.75*	464.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					123.80*	103.20*	103.20*	59
60 DILATION OF URETHRA					24.75*	17.00	20.60*	60
61 PROSTATECTOMY - SUPRAPUBIC					990.20*	990.20*	990.20*	61
62 ELECTROSECTION-PROSTATE (TUR)					990.20*	825.20*	1160.00	62
63 HYSTERECTOMY					928.40*	928.40*	928.40*	63
64 INITIAL COMPLETE EYE EXAM					30.90*	30.90*	33.00*	64
65 COMPREHENSIVE EYE EXAM					30.90*	30.90*	33.00*	65
66 EYE EXAM WITH TONOMETRY					30.00	25.00	30.90*	66
67 EXTRACTION OF LENS					990.20*	825.20*	773.60*	67
68 CHEST X-RAY - SINGLE VIEW	24.75*	24.75*	24.75*		22.70*	14.40*	18.00	68
69 CHEST X-RAY - TWO VIEWS	30.90*	30.00	40.00		33.00*	37.10*	30.00	69
70 X-RAY SPINE					41.30*	41.30*	35.00	70
71 X-RAY HIP					37.10*	37.10*	37.10*	71
72 X-RAY UPPER GI TRACT	51.60*	51.60*	51.60*		38.00*	72.20*	72.20*	72
73 X-RAY COLON					33.00*	35.00	61.90*	73
74 RADIATION THERAPY-LOW VOLT					20.60*	25.80*	25.80*	74
75 RADIATION THERAPY-SUPER VOLT					37.10*	37.10*	37.10*	75
76 RADIATION THERAPY-MEGAVOLT					30.90*	61.90*	35.10*	76
77 CAT SCAN - HEAD					257.90*	272.30*	325.00	77
78 CAT SCAN - ABDOMEN					304.10*	382.10*	483.60*	78
79 THREE CHEMISTRY TESTS					1.10	2.40	1.70	79
80 NINETEEN CHEMISTRY TESTS					1.10	2.40	1.70	80
81 CULTURE - OTHER THAN BLOOD					8.50	11.00	10.00	81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT								83
84 WHITE CELL COUNT					4.00L	4.00	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					9.50L	9.50L	9.50L	85
86 CHOLESTEROL TEST					7.00L	7.00	7.00L	86
87 FLOCCULATION TEST					8.50	6.00	9.00	87
88 HEMATOCRIT					3.50L	3.50L	3.50L	88
89 PLATELET COUNT (REES-ECKER)					6.50	8.50	8.00	89
90 POTASSIUM TEST - BLOOD					9.50	9.00	8.00	90
91 PROTHROMBIN TIME TEST					6.50L	6.50L	6.50L	91
92 SEDIMENTATION RATE					5.35L	5.00	5.35L	92
93 BLOOD SUGAR					5.00L	5.00L	5.00L	93
94 BUN-UREA - NITROGEN					6.00L	6.00L	6.00L	94
95 URIC ACID					7.00L	7.00	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING					4.00	3.00	5.00	96
97 PAP TEST					8.00L	8.00L	8.00L	97
98 ROUTINE URINALYSIS					4.00L	4.00L	4.00L	98
99 CHEMICAL URINALYSIS					4.00	4.00	2.00	99
100 PATHOLOGY - THREE SPECIMENS					20.00	20.00	25.00	100
101 ELEC MONITORING-PACEMAKER								101
102 DONOR NEPHRECTOMY-UNILATERAL					1500.00	1500.00	1500.00	102
103 KIDNEY TRANSPLANT					2669.50*	2913.00*	2750.00*	103
104 HOSPITAL BED - RENTAL					48.30	49.50	48.00	104
105 WALKER - RENTAL					12.08	15.60	10.00	105
106 WHEELCHAIR - RENTAL					20.00L	20.00L	20.00L	106
107 LIQUID OXYGEN - RENTAL					85.00	85.00	85.00	107
108 HOSPITAL BED - PURCHASE					550.00L	550.00L	550.00L	108
109 WALKER - PURCHASE					66.50	51.00	58.00	109
110 WHEELCHAIR - PURCHASE					269.00L	269.00L	269.00L	110

OKLAHOMA

[illegible]

- (Locality is determined by the city cited in the return address.)

1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OKLAHOMA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT					26.00	30.00	27.00	24.70*	1
2 INITIAL LIMITED OFFICE VISIT	20.00	25.00	20.00*	25.00	48.50	55.00	45.00	40.00	2
3 INITIAL INTERMED OFFICE VISIT					68.40*	51.90*	19.70*	50.00	3
4 INITIAL COMP OFFICE VISIT	50.00	40.00	60.00	25.00	72.20*	92.70*	72.20*	82.40*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.20*	10.40*	8.20*	6.10*	6.10*	6.10*	8.20*	10.40*	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.40*	12.40*	10.40*	12.40*	16.50*	20.70*	12.40*	12.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.00	18.00	18.00	20.70*	20.70*	20.70*	20.70*	23.00	7
8 INTERMEDIATE F/U OFFICE VISIT	21.00	20.00	20.70*	15.00	30.00	30.80*	20.30*	25.00	8
9 EXTENDED F/U OFFICE VISIT	38.20*	25.25*	25.25*	30.80*	50.00	61.90*	30.80*	68.00	9
10 COMP FOLLOWUP OFFICE VISIT	40.00	40.00	35.00	41.20*	61.90*	72.20*	51.50*	72.00	10
11 BRIEF FOLLOWUP HOME VISIT	20.70*	20.70*	20.70*	20.70*	20.70*	14.50*	14.50*	14.50*	11
12 LIMITED FOLLOWUP HOME VISIT					30.00	30.00	30.00		12
13 INTERMDIATE F/U HOME VISIT	30.00	30.80*	30.00	30.00					13
14 EXTENDED CARE FACILITY VISIT					25.90*	15.00*		15.00*	14
15 BRIEF F/U NURSING HOME VISIT	20.70*	20.00	14.50*	20.70*					15
16 INITIAL BRIEF HOSPITAL VISIT	41.20*	30.80*	30.80*	30.80*	41.20*	51.50*	36.00*	41.20*	16
17 INIT INTERMED HOSPITAL VISIT					61.90*	61.90*	51.50*	51.50*	17
18 INITIAL COMP HOSPITAL VISIT	72.20*	65.00	61.90*	72.20*	82.40*	92.70*	72.20*	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.70*	20.70*	14.50*	14.50*	20.70*	20.70*	20.70*	20.00	19
20 LIMITED F/U HOSPITAL VISIT	20.70*	20.70*	20.70*	20.70*	30.80*	30.80*	30.80*	25.00	20
21 INTERMED F/U HOSPITAL VISIT	20.70*	26.10*	15.00	15.50*	30.80*	31.80*	27.00*	14.50*	21
22 EXTENDED F/U HOSPITAL VISIT					30.80*	41.20*	25.00	33.00*	22
23 BRIEF EMERGENCY ROOM VISIT					25.00	25.00	25.00	22.70*	23
24 LIMITED EMERGENCY ROOM VISIT					40.00	35.00	40.00	40.00	24
25 INTERMED EMERGENCY ROOM VISIT					33.30*	31.50*	30.70*	32.10*	25
26 LIMITED CONSULTATION	30.80*	30.80*	37.20*	30.80*	51.50*	41.20*	41.20*	30.80*	26
27 EXTENSIVE CONSULTATION					61.90*	72.20*	51.50*	51.50*	27
28 COMPREHENSIVE CONSULTATION					72.20*	103.30*	72.20*	82.40*	28
29 PSYCHOTHERAPY-ONE HOUR					72.90*	60.00	55.00*	59.30*	29
30 PSYCHOTHERAPY-HALF HOUR					45.00	30.20*	27.50*	20.00*	30
31 CHIROPRACTIC OFFICE VISIT	13.20*				19.40*	18.00	16.20*	13.80*	31
32 INITIAL PHYSIOTHERAPY						14.50*			32
33 F/U PODIATRIC OFFICE VISIT					20.00	20.00	11.30*	19.00	33
34 ELECTROCARDIOGRAM (EKG)	30.80*	30.00	30.00	30.80*	30.00	30.80*	27.00	30.80*	34
35 EKG-INTERPRET AND REPORT ONLY	10.40*	10.40*	10.40*	15.00	10.40*	10.40*	11.50	15.00	35
36 SPIROMETRY					41.20*	35.00		41.20*	36
37 ELECTROENCEPHALOGRAM (EEG)					82.40*	87.50*	87.50*	87.50*	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					20.00	20.00	20.00	15.00	40
41 SKIN BIOPSY					30.80*	41.20*	30.80*	50.00	41
42 CHEMOCAUTERY					20.70*	20.70*	20.70*	20.00	42
43 RADICAL MASTECTOMY									43
44 OPEN REDUCTION OF FRACTURE					928.20*	1155.20*	825.10*	928.20*	44
45 ARTHROCENTESIS-MAJOR JOINT									45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					2062.70*	2062.70*	1547.10*	1547.10*	47
48 NEEDLE PUNCTURE OF BURSA									48
49 BRONCHOSCOPY					165.10*	167.20*	167.20*	167.20*	49
50 THORACENTESIS					40.00*	72.20*	60.00	55.00	50
51 CATHETERIZATION OF HEART					412.60*	412.60*			51
52 INSERTION OF PACEMAKER					1000.00	1169.10*	700.00*	1113.90*	52
53 PARTIAL COLECTOMY					1031.40*	1155.20*	1031.40*	1031.40*	53
54 APPENDECTOMY	412.60*	445.50*	515.70*		567.30*	610.00	515.70*	515.70*	54
55 SIGMOIDOSCOPY									55

1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OKLAHOMA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIDECTOMY					480.00	464.10*	334.20*	361.10*	56
57 CHOLECYSTECTOMY					773.50*	825.10*	742.70*	722.00*	57
58 REPAIR HERNIA					515.70*	536.40*	464.10*	515.70*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY									59
60 DILATION OF URETHRA									60
61 PROSTATECTOMY - SUPRAPUBIC					928.20*	1155.20*	1031.40*	891.10*	61
62 ELECTROSECTION-PROSTATE (TUR)					928.20*	1082.90*	825.10*	907.40*	62
63 HYSTERECTOMY					928.20*	1031.40*	928.20*	928.20*	63
64 INITIAL COMPLETE EYE EXAM					40.00	36.00	30.80*	33.00*	64
65 COMPREHENSIVE EYE EXAM					45.00	33.00*	45.00	45.00	65
66 EYE EXAM WITH TONOMETRY					12.90*	22.00	25.00	18.00	66
67 EXTRACTION OF LENS					825.10*	825.10*	825.10*	825.10*	67
68 CHEST X-RAY - SINGLE VIEW	24.70*	24.70*	25.00	30.00	20.00	25.90*	15.00	17.50*	68
69 CHEST X-RAY - TWO VIEWS	35.00	40.00	30.80*	35.00	19.30*	30.80*	18.50	20.00*	69
70 X-RAY SPINE					30.80*	41.20*	25.00*	25.00*	70
71 X-RAY HIP					21.25*	37.20*	30.80*	30.80*	71
72 X-RAY UPPER GI TRACT	72.20*	72.20*	51.50*	61.90*	61.90*	72.20*	40.00*	72.20*	72
73 X-RAY COLON					41.20*	61.90*	38.00*	82.40*	73
74 RADIATION THERAPY-LOW VOLT						20.70*		24.70*	74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					240.80*	289.60*	240.80*		77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS					33.00	30.00	34.50	20.00	79
80 NINETEEN CHEMISTRY TESTS					35.00	35.00	35.00	20.00	80
81 CULTURE - OTHER THAN BLOOD					20.00	15.00	11.00	20.00	81
82 HEMOGLOBIN					8.00	6.00	6.00	6.00	82
83 AUTOMATED BLOOD COUNT					11.00	18.00	10.50	12.00	83
84 WHITE CELL COUNT					8.00	6.00	6.00	6.00	84
85 COMPLETE BLOOD COUNT (CBC)					14.00	14.00	15.00	15.00	85
86 CHOLESTEROL TEST					10.50	10.00	10.00	9.00	86
87 FLOCCULATION TEST					10.00	9.00	9.00	7.00	87
88 HEMATOCRIT					6.50	6.00	6.00	7.00	88
89 PLATELET COUNT (REES-ECKER)					10.00	13.00	9.00	10.00	89
90 POTASSIUM TEST - BLOOD					11.00	12.00	13.00	15.00	90
91 PROTHROMBIN TIME TEST					10.75	10.75	10.00	9.00	91
92 SEDIMENTATION RATE					9.50	9.25	10.00	10.00	92
93 BLOOD SUGAR					10.00	10.00	11.50	10.00	93
94 BUN-UREA - NITROGEN					11.00	13.00	13.00	10.00	94
95 URIC ACID					12.00	12.00	10.00	10.00	95
96 FECES-OCCULT BLOOD-SCREENING					8.00	5.00	5.50	6.00	96
97 PAP TEST					10.00	12.50	12.00	12.00	97
98 ROUTINE URINALYSIS					10.00	8.00	8.00	8.00	98
99 CHEMICAL URINALYSIS									99
100 PATHOLOGY - THREE SPECIMENS					30.00	20.00	25.00	26.50	100
101 ELEC MONITORING-PACEMAKER					27.80*	21.10*	21.50*		101
102 DONOR NEPHRECTOMY-UNILATERAL					1098.30*	1173.75*	928.20*	1113.90*	102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL									104
105 WALKER - RENTAL					18.20	18.20			105
106 WHEELCHAIR - RENTAL					39.50*	35.00	31.20	25.20	106
107 LIQUID OXYGEN - RENTAL					82.80*	101.90*			107
108 HOSPITAL BED - PURCHASE					740.90	740.90	740.90	740.90	108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE									110

1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OKLAHOMA
LOCALITY DESIGNATION FOR SPECIALIST

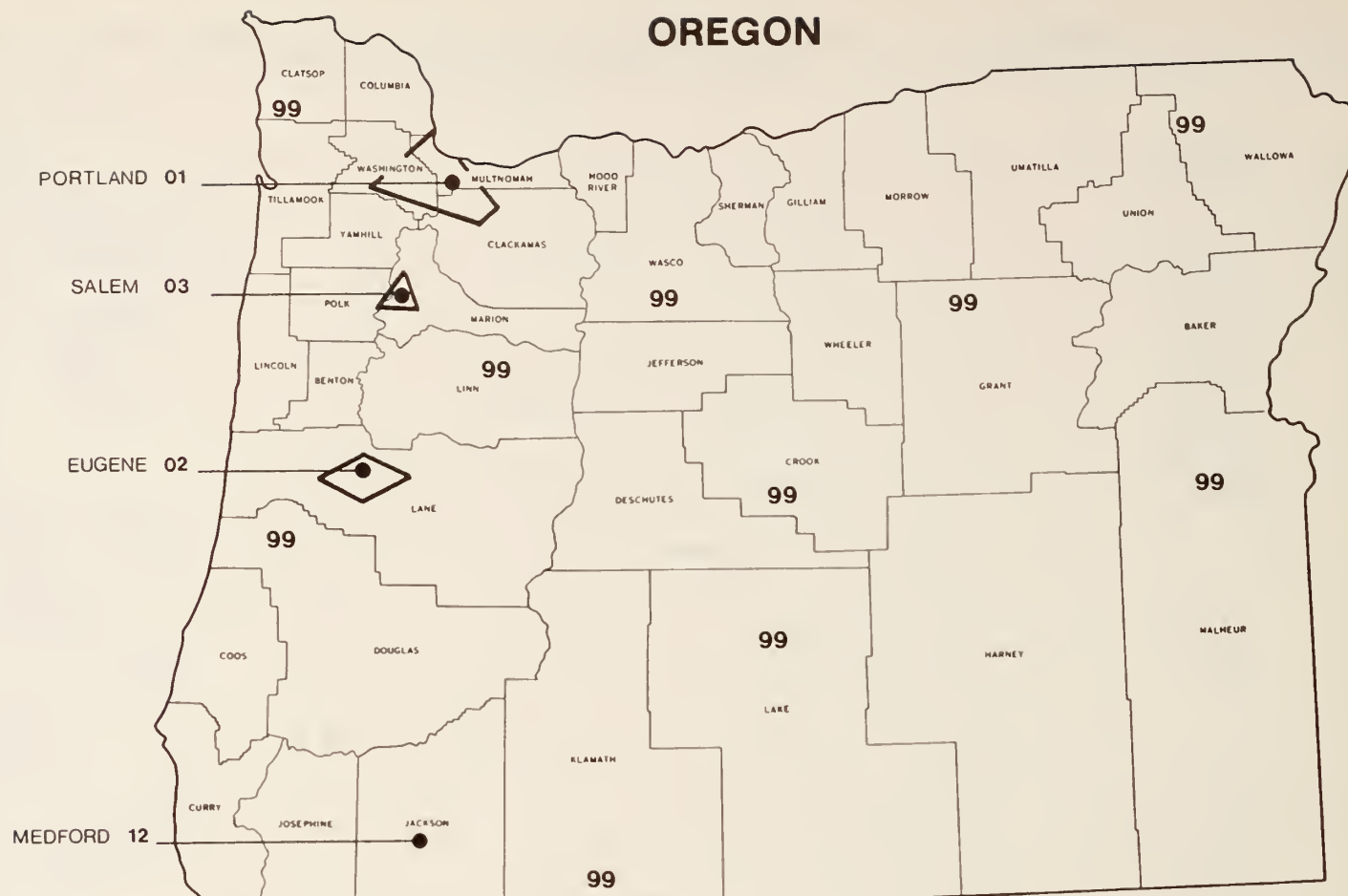
PROCEDURE DESCRIPTION	99	99	
1 INITIAL BRIEF OFFICE VISIT		20.00	1
2 INITIAL LIMITED OFFICE VISIT	15.00*	30.00	2
3 INITIAL INTERMED OFFICE VISIT		25.00	3
4 INITIAL COMP OFFICE VISIT	35.00*	51.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.20*	10.40*	5
6 BRIEF FOLLOWUP OFFICE VISIT	10.40*	10.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	16.50*	18.00	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	20.70*	8
9 EXTENDED F/U OFFICE VISIT	20.00	30.80*	9
10 COMP FOLLOWUP OFFICE VISIT	41.20*	50.00	10
11 BRIEF FOLLOWUP HOME VISIT	20.70*	14.50*	11
12 LIMITED FOLLOWUP HOME VISIT		30.00	12
13 INTERMDIATE F/U HOME VISIT	30.00		13
14 EXTENDED CARE FACILITY VISIT			14
15 BRIEF F/U NURSING HOME VISIT	14.50*		15
16 INITIAL BRIEF HOSPITAL VISIT	30.80*	41.20*	16
17 INIT INTERMED HOSPITAL VISIT		51.50*	17
18 INITIAL COMP HOSPITAL VISIT	51.50*	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.50*	16.50*	19
20 LIMITED F/U HOSPITAL VISIT	20.70*	28.00	20
21 INTERMED F/U HOSPITAL VISIT	14.50*	16.00	21
22 EXTENDED F/U HOSPITAL VISIT		25.25*	22
23 BRIEF EMERGENCY ROOM VISIT		20.50*	23
24 LIMITED EMERGENCY ROOM VISIT		40.00	24
25 INTERMED EMERGENCY ROOM VISIT		32.10*	25
26 LIMITED CONSULTATION	30.80*	35.00*	26
27 EXTENSIVE CONSULTATION		51.50*	27
28 COMPREHENSIVE CONSULTATION		72.20*	28
29 PSYCHOTHERAPY-ONE HOUR		68.40*	29
30 PSYCHOTHERAPY-HALF HOUR		41.10*	30
31 CHIROPRACTIC OFFICE VISIT	14.00*	13.10*	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT		13.70*	33
34 ELECTROCARDIOGRAM (EKG)	30.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	10.40*	10.40*	35
36 SPIROMETRY			36
37 ELECTROENCEPHALOGRAM (EEG)			37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS			39
40 DEBRIDEMENT OF NAILS		20.70*	40
41 SKIN BIOPSY		46.40*	41
42 CHEMOCAUTERY		20.70*	42
43 RADICAL MASTECTOMY			43
44 OPEN REDUCTION OF FRACTURE		1031.40*	44
45 ARTHROCENTESIS-MAJOR JOINT			45
46 CORONARY ARTERY BYPASS			46
47 TOTAL ARTIFICIAL HIP REPLACE		2062.70*	47
48 NEEDLE PUNCTURE OF BURSA			48
49 BRONCHOSCOPY		167.20*	49
50 THORACENTESIS			50
51 CATHERIZATION OF HEART			51
52 INSERTION OF PACEMAKER		1177.80*	52
53 PARTIAL COLECTOMY		990.20*	53
54 APPENDECTOMY	412.60*	515.70*	54
55 SIGMOIDOSCOPY			55

1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OKLAHOMA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	99	99	
56 HEMORRHOIDECTOMY		371.30*	56
57 CHOLECYSTECTOMY		722.00*	57
58 REPAIR HERNIA		464.10*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY			59
60 DILATION OF URETHRA			60
61 PROSTATECTOMY - SUPRAPUBIC		981.50*	61
62 ELECTROSECTION-PROSTATE (TUR)	891.10*	891.10*	62
63 HYSTERECTOMY		779.70*	63
64 INITIAL COMPLETE EYE EXAM		24.00	64
65 COMPREHENSIVE EYE EXAM		45.00	65
66 EYE EXAM WITH TONOMETRY		25.00	66
67 EXTRACTION OF LENS		722.00*	67
68 CHEST X-RAY - SINGLE VIEW	24.70*	15.00*	68
69 CHEST X-RAY - TWO VIEWS	30.80*	24.70*	69
70 X-RAY SPINE		25.00*	70
71 X-RAY HIP		29.40*	71
72 X-RAY UPPER GI TRACT	66.00	49.50*	72
73 X-RAY COLON		41.20*	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD			77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS		39.00	79
80 NINETEEN CHEMISTRY TESTS		35.00	80
81 CULTURE - OTHER THAN BLOOD		12.00	81
82 HEMOGLOBIN		7.00	82
83 AUTOMATED BLOOD COUNT			83
84 WHITE CELL COUNT			84
85 COMPLETE BLOOD COUNT (CBC)		15.00	85
86 CHOLESTEROL TEST			86
87 FLOCCULATION TEST		9.00	87
88 HEMATOCRIT			88
89 PLATELET COUNT (REES-ECKER)		12.00	89
90 POTASSIUM TEST - BLOOD		12.00	90
91 PROTHROMBIN TIME TEST		11.00	91
92 SEDIMENTATION RATE		10.00	92
93 BLOOD SUGAR		10.00	93
94 BUN-UREA - NITROGEN		12.00	94
95 URIC ACID		12.00	95
96 FECES-OCCULT BLOOD-SCREENING		6.00	96
97 PAP TEST		15.00	97
98 ROUTINE URINALYSIS		8.00	98
99 CHEMICAL URINALYSIS			99
100 PATHOLOGY - THREE SPECIMENS			100
101 ELEC MONITORING-PACEMAKER			101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL			104
105 WALKER - RENTAL			105
106 WHEELCHAIR - RENTAL		41.60	106
107 LIQUID OXYGEN - RENTAL			107
108 HOSPITAL BED - PURCHASE		740.90	108
109 WALKER - PURCHASE			109
110 WHEELCHAIR - PURCHASE			110

OREGON



Five Localities:

01 - Portland - Aloha, Batin, Beaverton, Cedar Hills, Collins View, Powellhurst, Raleigh Hills, Riverdale, Robin Wood, Sandy Sylvan, Errol Heights, Garden Home, Gilbert, Gladstone, Glendoveer, Gresham, Hazelwood, Hillsboro, Jennings Lodge, Kelly Butte, Lake Oswego, Marlene Village, Metzger, Milwaukee, Oakgrove, Orgon City, Parkrose, Tigard, West Linn, West Portland, West Portland Park, West Powellhurst, West Slope

02 - Eugene - Glenwood, River Road, Santa Clara, Springfield, Veneta, Coos Bay and Roseburg

03 - Salem - Four Corners, Hayesville, Keizer, Cornallis, Albany, Lebanon

12 - Medford, Klamath Falls, Grant's Pass

99 - Rest of State

(Locality determined by city cited in return address.)

1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OREGON
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	12	01	02	03	12	
1 INITIAL BRIEF OFFICE VISIT					20.70*	20.70*	20.70*	20.70*	1
2 INITIAL LIMITED OFFICE VISIT	29.50	30.00	28.50	28.00	40.00	39.90	39.00	36.50	2
3 INITIAL INTERMED OFFICE VISIT					55.00	53.90*	62.00*	50.80*	3
4 INITIAL COMP OFFICE VISIT	72.20*	72.20*	69.00	70.00	82.40*	82.40*	72.20*	61.90*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	10.40*	8.20*	10.40*	10.40*	12.40*	8.20*	8.20*	8.20*	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.50*	16.50*	14.50*	14.50*	18.50*	16.50*	16.50*	16.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.70*	20.70*	20.70*	20.70*	20.70*	24.70*	20.70*	16.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	22.00	29.00	23.00	20.00	30.80*	30.80*	27.50	20.70*	8
9 EXTENDED F/U OFFICE VISIT	35.50	39.60*	35.00	40.00	41.20*	41.20*	41.20*	39.60*	9
10 COMP FOLLOWUP OFFICE VISIT	61.90*	51.50*	56.00	51.50*	72.20*	61.90*	72.20*	60.50	10
11 BRIEF FOLLOWUP HOME VISIT	30.00	30.80*	25.00	22.00	25.00	30.80*	28.60*	30.00	11
12 LIMITED FOLLOWUP HOME VISIT					36.50*	30.00	27.50	41.20*	12
13 INTERMEDIATE F/U HOME VISIT	37.20*	30.80*	30.80*	37.20*					13
14 EXTENDED CARE FACILITY VISIT					21.70*	15.75*	25.70*	18.00	14
15 BRIEF F/U NURSING HOME VISIT	15.50*	16.50*	14.50*	14.50*					15
16 INITIAL BRIEF HOSPITAL VISIT	30.80*	30.80*	55.90*	30.80*	30.80*	30.80*	30.80*	30.80*	16
17 INIT INTERMED HOSPITAL VISIT					51.50*	51.50*	51.50*	51.50*	17
18 INITIAL COMP HOSPITAL VISIT	72.20*	72.20*	72.20*	80.60*	82.40*	82.40*	82.40*	61.90*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	15.50*	15.50*	14.50*	14.50*	20.70*	20.70*	20.70*	20.00	19
20 LIMITED F/U HOSPITAL VISIT	22.00	20.70*	22.00	26.30*	28.00	24.70*	27.50	20.70*	20
21 INTERMED F/U HOSPITAL VISIT	26.10*	25.30*	30.00	25.20*	25.20*	27.70*	36.00	28.60*	21
22 EXTENDED F/U HOSPITAL VISIT					39.60*	39.60*	29.90*	40.00	22
23 BRIEF EMERGENCY ROOM VISIT					27.90*	30.10*	30.50*	26.90*	23
24 LIMITED EMERGENCY ROOM VISIT					32.00	39.50*	38.00	38.00	24
25 INTERMED EMERGENCY ROOM VISIT					54.50*	58.60*	55.00	52.40*	25
26 LIMITED CONSULTATION	24.30*	39.20*	44.70*	50.00	55.00	57.50	50.00	48.00*	26
27 EXTENSIVE CONSULTATION					70.90*	59.70*	66.60*	79.90*	27
28 COMPREHENSIVE CONSULTATION					99.10*	82.40*	72.20*	72.20*	28
29 PSYCHOTHERAPY-ONE HOUR					64.10*	46.60*	56.90*	45.40*	29
30 PSYCHOTHERAPY-HALF HOUR					45.00	28.70*	28.50*	37.30*	30
31 CHIROPRACTIC OFFICE VISIT					16.10*	15.20*	18.50*	19.90*	31
32 INITIAL PHYSIOTHERAPY						19.70*		19.70*	32
33 F/U PODIATRIC OFFICE VISIT					19.00	13.20*	13.20*	13.20*	33
34 ELECTROCARDIOGRAM (EKG)	35.00	30.80*	35.00	37.20*	30.80*	37.20*	30.80*	34.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.50*	15.50*		18.50*	12.50	20.70*	12.25	15.50*	35
36 SPIROMETRY					20.70*	20.70*			36
37 ELECTROENCEPHALOGRAM (EEG)					82.40*	77.40*	72.20*	77.40*	37
38 CHEMOTHERAPY					25.20*	32.00*	21.80*	21.40*	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					20.00	20.00	20.00	20.00	40
41 SKIN BIOPSY					40.00	30.80*	37.90*	23.70*	41
42 CHEMOCAUTERY					25.00	20.70*	24.70*	30.80*	42
43 RADICAL MASTECTOMY									43
44 OPEN REDUCTION OF FRACTURE					1155.20*	1155.20*	938.70*	1155.20*	44
45 ARTHROCENTESIS-MAJOR JOINT	30.80*	30.80*	25.90*	30.80*	37.20*	37.20*	37.20*	28.90*	45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					2165.90*	2165.90*	2165.90*	1887.30*	47
48 NEEDLE PUNCTURE OF BURSA					30.80*	25.20*	25.20*	25.20*	48
49 BRONCHOSCOPY					206.30*	188.80*	175.50*	206.30*	49
50 THORACENTESIS					51.50*	51.50*	43.80*	51.50*	50
51 CATHETERIZATION OF HEART					618.80*	618.80*	618.80*	618.80*	51
52 INSERTION OF PACEMAKER					1031.40*	660.00*	1270.50*	783.90*	52
53 PARTIAL COLECTOMY					1072.50*	1006.50*	928.20*	990.20*	53
54 APPENDECTOMY	412.60*	438.00*			577.60*	567.30*	515.70*	503.30*	54
55 SIGMOIDOSCOPY					37.20*	41.20*	41.20*	37.20*	55

1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OREGON
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	12	01	02	03	12	
56 HEMORRHOIDECTOMY					464.00	377.40*	340.40*	377.40*	56
57 CHOLECYSTECTOMY					825.10*	928.20*	722.00*	822.50*	57
58 REPAIR HERNIA					515.70*	515.70*	412.60*	433.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					103.30*	72.20*	62.90*	62.90*	59
60 DILATION OF URETHRA					25.00	33.75	24.70*	18.00	60
61 PROSTATECTOMY - SUPRAPUBIC					990.20*	907.40*	990.20*	928.20*	61
62 ELECTROSECTION-PROSTATE (TUR)		907.40*			1072.50*	907.40*	907.40*	990.20*	62
63 HYSTERECTOMY					928.20*	990.20*	722.00*	880.80*	63
64 INITIAL COMPLETE EYE EXAM					40.00	40.00	33.00*	37.20*	64
65 COMPREHENSIVE EYE EXAM					40.90*		36.20*	33.90*	65
66 EYE EXAM WITH TONOMETRY					16.50*	16.50*	16.50*	15.00	66
67 EXTRACTION OF LENS					1031.40*	1031.40*	1031.40*	990.20*	67
68 CHEST X-RAY - SINGLE VIEW	24.70*	25.90*	26.00	23.70*	20.70*	11.00	11.00	22.70*	68
69 CHEST X-RAY - TWO VIEWS	33.00*	30.80*	35.20*	38.20*	34.00*	34.00*	37.20*	34.00*	69
70 X-RAY SPINE					37.20*	34.00*	41.20*	41.20*	70
71 X-RAY HIP					37.20*	39.10*	37.20*	37.20*	71
72 X-RAY UPPER GI TRACT	72.20*	51.50*	78.40*		72.20*	68.10*	78.40*	67.00*	72
73 X-RAY COLON					72.20*	56.70*	78.40*	56.70*	73
74 RADIATION THERAPY-LOW VOLT									74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					379.50	379.50	379.50	379.50	77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS					19.00	39.00	21.75	16.00	79
80 NINETEEN CHEMISTRY TESTS					14.50	23.50	22.75	25.60*	80
81 CULTURE - OTHER THAN BLOOD					16.75	24.50	14.50	16.00	81
82 HEMOGLOBIN					6.00	7.00	5.00	5.75	82
83 AUTOMATED BLOOD COUNT					19.50	15.00	7.25		83
84 WHITE CELL COUNT					7.00	7.00	4.00	5.10	84
85 COMPLETE BLOOD COUNT (CBC)					17.00	17.00	14.50	14.50	85
86 CHOLESTEROL TEST					12.00	13.50	13.50	13.90	86
87 FLOCCULATION TEST					5.70	10.25	7.25	8.00	87
88 HEMATOCRIT					6.00	7.00	6.00	5.00	88
89 PLATELET COUNT (REES-ECKER)					11.50	12.00	10.00	11.00	89
90 POTASSIUM TEST - BLOOD					10.00*	13.50	9.20	12.00	90
91 PROTHROMBIN TIME TEST					10.70	10.70	9.50	10.75	91
92 SEDIMENTATION RATE					6.50	11.25	5.75	9.40*	92
93 BLOOD SUGAR					10.00	11.00	10.00	12.70*	93
94 BUN-UREA - NITROGEN					10.50*	13.50	13.50	12.50	94
95 URIC ACID					12.40*	14.50	12.25	12.50	95
96 FECES-OCCULT BLOOD-SCREENING					5.50	5.50	4.50	5.00	96
97 PAP TEST					10.00	12.00	8.25	13.50	97
98 ROUTINE URINALYSIS					8.00	9.50	7.50	7.50	98
99 CHEMICAL URINALYSIS					6.00	6.25		4.25	99
100 PATHOLOGY - THREE SPECIMENS					32.00	38.00			100
101 ELEC MONITORING-PACEMAKER					37.00	37.00			101
102 DONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL									104
105 WALKER - RENTAL					16.00				105
106 WHEELCHAIR - RENTAL					30.00	30.00	28.00	28.00	106
107 LIQUID OXYGEN - RENTAL									107
108 HOSPITAL BED - PURCHASE					57.00	57.00	57.00	57.00	108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE									110

1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OREGON
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	99	99	
1 INITIAL BRIEF OFFICE VISIT		20.70*	1
2 INITIAL LIMITED OFFICE VISIT	26.00	35.00	2
3 INITIAL INTERMED OFFICE VISIT		51.40*	3
4 INITIAL COMP OFFICE VISIT	70.00	72.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.20*	10.40*	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.90*	16.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.00	20.70*	7
8 INTERMEDIATE F/U OFFICE VISIT	23.00	25.00	8
9 EXTENDED F/U OFFICE VISIT	35.00	47.50	9
10 COMP FOLLOWUP OFFICE VISIT	51.50*	51.50*	10
11 BRIEF FOLLOWUP HOME VISIT	20.70*	30.00	11
12 LIMITED FOLLOWUP HOME VISIT		35.00	12
13 INTERMDIATE F/U HOME VISIT	35.00		13
14 EXTENDED CARE FACILITY VISIT		20.30*	14
15 BRIEF F/U NURSING HOME VISIT	12.90*		15
16 INITIAL BRIEF HOSPITAL VISIT	30.80*	30.80*	16
17 INIT INTERMED HOSPITAL VISIT		51.50*	17
18 INITIAL COMP HOSPITAL VISIT	72.20*	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.50*	17.70*	19
20 LIMITED F/U HOSPITAL VISIT	25.00	30.00	20
21 INTERMED F/U HOSPITAL VISIT	24.80*	28.70*	21
22 EXTENDED F/U HOSPITAL VISIT		39.60*	22
23 BRIEF EMERGENCY ROOM VISIT		30.00	23
24 LIMITED EMERGENCY ROOM VISIT		38.00	24
25 INTERMED EMERGENCY ROOM VISIT		58.00	25
26 LIMITED CONSULTATION	37.50*	58.00	26
27 EXTENSIVE CONSULTATION		66.40*	27
28 COMPREHENSIVE CONSULTATION		82.40*	28
29 PSYCHOTHERAPY-ONE HOUR		54.25*	29
30 PSYCHOTHERAPY-HALF HOUR		40.80*	30
31 CHIROPRACTIC OFFICE VISIT		14.50*	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT		18.50*	33
34 ELECTROCARDIOGRAM (EKG)	33.00*	36.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.50*	15.50*	35
36 SPIROMETRY			36
37 ELECTROENCEPHALOGRAM (EEG)		72.20*	37
38 CHEMOTHERAPY		21.40*	38
39 COLLECTION OF SPECIMENS			39
40 DEBRIDEMENT OF NAILS		20.00	40
41 SKIN BIOPSY		41.20*	41
42 CHEMOCAUTERY		20.70*	42
43 RADICAL MASTECTOMY			43
44 OPEN REDUCTION OF FRACTURE		1237.70*	44
45 ARTHROCENTESIS-MAJOR JOINT	30.80*	37.20*	45
46 CORONARY ARTERY BYPASS			46
47 TOTAL ARTIFICIAL HIP REPLACE		2165.90*	47
48 NEEDLE PUNCTURE OF BURSA		35.00	48
49 BRONCHOSCOPY		225.00	49
50 THORACENTESIS		36.00*	50
51 CATHETERIZATION OF HEART		575.60*	51
52 INSERTION OF PACEMAKER		928.20*	52
53 PARTIAL COLECTOMY		990.20*	53
54 APPENDECTOMY	515.70*	515.70*	54
55 SIGMOIDOSCOPY		42.00	55

1984 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OREGON
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	99	99	
56 HEMORRHOIDECTOMY		464.00	56
57 CHOLECYSTECTOMY		777.70*	57
58 REPAIR HERNIA		482.70*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY		99.10*	59
60 DILATION OF URETHRA		30.80*	60
61 PROSTATECTOMY - SUPRAPUBIC		990.20*	61
62 ELECTROSECTION-PROSTATE (TUR)		990.20*	62
63 HYSTERECTOMY		825.10*	63
64 INITIAL COMPLETE EYE EXAM		40.00	64
65 COMPREHENSIVE EYE EXAM		42.10*	65
66 EYE EXAM WITH TONOMETRY		15.50*	66
67 EXTRACTION OF LENS		979.90*	67
68 CHEST X-RAY - SINGLE VIEW	24.70*	13.30	68
69 CHEST X-RAY - TWO VIEWS	33.00*	37.20*	69
70 X-RAY SPINE		41.20*	70
71 X-RAY HIP		41.20*	71
72 X-RAY UPPER GI TRACT	72.20*	82.40*	72
73 X-RAY COLON		72.20*	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD		379.50	77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS		18.00	79
80 NINETEEN CHEMISTRY TESTS		21.25	80
81 CULTURE - OTHER THAN BLOOD		17.50	81
82 HEMOGLOBIN		5.50	82
83 AUTOMATED BLOOD COUNT			83
84 WHITE CELL COUNT		5.10	84
85 COMPLETE BLOOD COUNT (CBC)		16.00	85
86 CHOLESTEROL TEST		12.00	86
87 FLOCCULATION TEST		8.90*	87
88 HEMATOCRIT		6.00	88
89 PLATELET COUNT (REES-ECKER)		11.00	89
90 POTASSIUM TEST - BLOOD		13.00	90
91 PROTHROMBIN TIME TEST		10.00	91
92 SEDIMENTATION RATE		8.00	92
93 BLOOD SUGAR		11.00	93
94 BUN-UREA - NITROGEN		14.00	94
95 URIC ACID		12.00	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		11.00	97
98 ROUTINE URINALYSIS		8.00	98
99 CHEMICAL URINALYSIS			99
100 PATHOLOGY - THREE SPECIMENS			100
101 ELEC MONITORING-PACEMAKER			101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL			104
105 WALKER - RENTAL		16.00	105
106 WHEELCHAIR - RENTAL		30.00	106
107 LIQUID OXYGEN - RENTAL			107
108 HOSPITAL BED - PURCHASE		57.00	108
109 WALKER - PURCHASE			109
110 WHEELCHAIR - PURCHASE			110

PENNSYLVANIA

- 01 - Areas of Medical Schools/Specialty Hospitals
- 02 - Major Metropolitan Areas
- 03 - Lesser Metropolitan Areas
- 04 - Urban Areas

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1984 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

PENNSYLVANIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	1	2	3	4	1	2	3	4	
1 INITIAL BRIEF OFFICE VISIT					25.00	20.00	20.00	18.00	1
2 INITIAL LIMITED OFFICE VISIT	20.00	20.00	17.00	15.00	30.00	25.00	22.00	20.00	2
3 INITIAL INTERMED OFFICE VISIT					30.00	25.00	22.00	20.00	3
4 INITIAL COMP OFFICE VISIT	50.00	60.00	50.00	40.00	82.50*	75.00	60.00	60.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00	5.00	6.00	5.00	7.00	10.00	6.00	7.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.00	16.00	15.00	15.00	25.00	20.00	20.00	18.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.00	20.00	17.00	15.00	30.00	25.00	22.00	20.00	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	20.00	17.00	15.00	30.00	25.00	22.00	20.00	8
9 EXTENDED F/U OFFICE VISIT	20.00	20.00	36.00	20.00	60.00	50.00	50.00	45.00	9
10 COMP FOLLOWUP OFFICE VISIT	50.00	60.00	50.00	40.00	82.50*	75.00	60.00	60.00	10
11 BRIEF FOLLOWUP HOME VISIT	20.00	20.60*	20.00	18.00	20.00	20.60*	20.60*	20.60*	11
12 LIMITED FOLLOWUP HOME VISIT					24.70*	24.70*	20.60*	20.60*	12
13 INTERMDIATE F/U HOME VISIT	24.70*	24.70*	20.60*	20.60*	24.70*	24.70*	20.60*	20.60*	13
14 EXTENDED CARE FACILITY VISIT					20.00	20.60*	20.60*	15.00	14
15 BRIEF F/U NURSING HOME VISIT	15.00	16.00	14.00*	15.00	15.00	20.00	20.00	12.00	15
16 INITIAL BRIEF HOSPITAL VISIT	50.00	50.00	40.00	50.00	72.20*	61.90*	61.90*	51.50*	16
17 INIT INTERMED HOSPITAL VISIT					35.00	30.90*	30.90*	25.00	17
18 INITIAL COMP HOSPITAL VISIT	72.20*	61.90*	61.90*	61.90*	100.00	92.00	72.20*	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.60*	20.00	20.00	15.00	30.90*	20.60*	20.60*	20.00	19
20 LIMITED F/U HOSPITAL VISIT	30.90*	20.60*	20.60*	20.60*	35.00	30.90*	30.90*	25.00	20
21 INTERMED F/U HOSPITAL VISIT	30.90*	20.60*	20.60*	20.60*	35.00	30.90*	30.90*	25.00	21
22 EXTENDED F/U HOSPITAL VISIT					50.00	60.00	51.50*	51.50*	22
23 BRIEF EMERGENCY ROOM VISIT					25.00	20.00	20.00	18.00	23
24 LIMITED EMERGENCY ROOM VISIT					30.00	25.00	22.00	20.00	24
25 INTERMED EMERGENCY ROOM VISIT					30.00	25.00	22.00	20.00	25
26 LIMITED CONSULTATION	50.00	50.00	41.20*	41.20*	72.20*	61.90*	51.50*	51.50*	26
27 EXTENSIVE CONSULTATION					72.20*	61.90*	51.50*	51.50*	27
28 COMPREHENSIVE CONSULTATION					100.00	100.00	82.50*	80.00	28
29 PSYCHOTHERAPY-ONE HOUR					77.30*	80.00	65.00	51.00	29
30 PSYCHOTHERAPY-HALF HOUR					50.00	50.00	45.00	40.00	30
31 CHIROPRACTIC OFFICE VISIT					17.10*	13.80*	11.50*	11.70*	31
32 INITIAL PHYSIOTHERAPY					50.00*	50.00*	50.00*	50.00*	32
33 F/U PODIATRIC OFFICE VISIT					20.00	20.00	16.50*	14.40*	33
34 ELECTROCARDIOGRAM (EKG)	40.00	40.00	40.00	35.00	40.00	40.00	40.00	35.00	34
35 EKG-INTERPRET AND REPORT ONLY	25.00	20.00*	20.00	25.00*	20.60*	14.40*	20.60*	20.00	35
36 SPIROMETRY					50.00	30.00	41.20*	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					70.00	70.00	70.00	70.00	37
38 CHEMOTHERAPY					50.00	20.00	15.00	16.00	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					30.00*	30.00*	30.00*	30.00*	40
41 SKIN BIOPSY					150.00	75.00	90.00	90.00	41
42 CHEMOCAUTERY					62.10*	60.20*	58.20*	75.00	42
43 RADICAL MASTECTOMY					1031.40*	1031.40*	825.10*	722.00*	43
44 OPEN REDUCTION OF FRACTURE					1547.10*	1237.70*	928.30*	1031.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	35.00	35.00	30.90*	35.00	35.00	40.00	50.00	30.00	45
46 CORONARY ARTERY BYPASS					4132.90*	3954.70*	3873.40*	3963.40*	46
47 TOTAL ARTIFICIAL HIP REPLACE					2139.80*	2165.00*	2081.20*	2102.40*	47
48 NEEDLE PUNCTURE OF BURSA					60.00*	50.00	50.00	60.00	48
49 BRONCHOSCOPY					206.30*	206.30*	206.30*	206.30*	49
50 THORACENTESIS					100.00*	100.00*	100.00	100.00*	50
51 CATHERIZATION OF HEART					618.90*	606.00	515.70*	618.90*	51
52 INSERTION OF PACEMAKER					1505.00	1505.00	1500.00	800.00	52
53 PARTIAL COLECTOMY					1340.90*	1237.70*	1031.40*	990.20*	53
54 APPENDECTOMY	412.60*	515.70*	412.60*	412.60*	515.70*	464.10*	433.20*	412.60*	54
55 SIGMOIDOSCOPY					72.20*	51.50*	51.50*	70.00	55

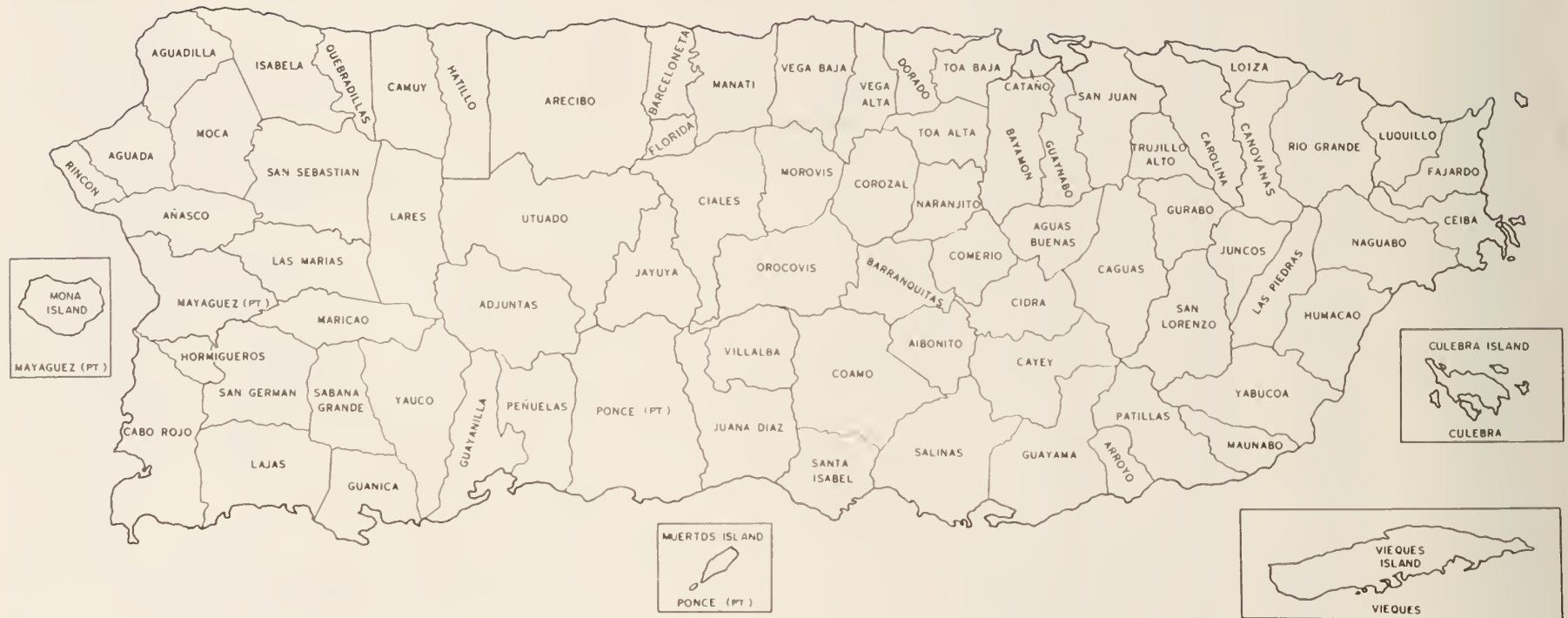
1984 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

PENNSYLVANIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	1	2	3	4	1	2	3	4	
56 HEMORRHOIODECTOMY					412.60*	412.60*	340.40*	361.00*	56
57 CHOLECYSTECTOMY					825.10*	825.10*	722.00*	680.70*	57
58 REPAIR HERNIA					515.70*	515.70*	464.10*	433.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	100.00	103.10*	103.10*	61.90*	100.00	103.10*	103.10*	100.00*	59
60 OILATION OF URETHRA					30.90*	25.00	20.60*	20.60*	60
61 PROSTATECTOMY - SUPRAPUBIC					1031.40*	1031.40*	928.30*	1031.40*	61
62 ELECTROSECTION-PROSTATE (TUR)	990.20*	928.30*	825.10*	928.30*	1031.40*	1031.40*	990.20*	928.30*	62
63 HYSTERECTOMY					1031.40*	928.30*	825.10*	825.10*	63
64 INITIAL COMPLETE EYE EXAM					35.00	35.00	30.00	35.00	64
65 COMPREHENSIVE EYE EXAM					45.00	40.00	32.00	35.00	65
66 EYE EXAM WITH TONOMETRY					17.70*	20.00	16.00	17.50*	66
67 EXTRACTION OF LENS	1031.40*	825.10*	928.30*	876.70*	1031.40*	928.30*	928.30*	928.30*	67
68 CHEST X-RAY - SINGLE VIEW	35.00	38.00*	35.00	30.00	30.00	38.00*	30.90*	12.25	68
69 CHEST X-RAY - TWO VIEWS	57.70*	50.00	40.00	41.00	50.00	45.40*	41.20*	40.00	69
70 X-RAY SPINE					71.00	72.20*	70.00	61.00	70
71 X-RAY HIP					41.20*	41.20*	41.20*	30.90*	71
72 X-RAY UPPER GI TRACT	96.00	92.80*	82.50*	75.00	96.00	92.80*	82.50*	72.20*	72
73 X-RAY COLON					92.00*	72.20*	72.20*	72.20*	73
74 RADIATION THERAPY-LOW VOLT	65.00*	40.00	65.00*	30.00	62.00*	35.00	62.00*	62.00*	74
75 RADIATION THERAPY-SUPER VOLT	85.00	50.00	87.00	85.00	87.00	45.00	87.00	87.00	75
76 RADIATION THERAPY-MEGAVOLT					101.10	57.00	110.00*	60.00	76
77 CAT SCAN - HEAD					387.00	400.00	387.00	387.00	77
78 CAT SCAN - ABOOMEN					506.00	506.00	506.00	506.00	78
79 THREE CHEMISTRY TESTS					13.70*	13.70*	13.70*	13.70*	79
80 NINETEEN CHEMISTRY TESTS					25.00*	25.00*	25.00*	25.00*	80
81 CULTURE - OTHER THAN BLOOD					15.00*	10.00	10.00	7.00	81
82 HEMOGLOBIN					3.00L	4.00L	3.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					9.00*	7.50	9.00*	9.00*	83
84 WHITE CELL COUNT					4.00L	5.00L	5.00L	3.00L	84
85 COMPLETE BLOOD COUNT (CBC)					9.00L	9.00L	9.00L	9.00L	85
86 CHOLESTEROL TEST					7.00L	7.50L	6.00L	6.00L	86
87 FLOCCULATION TEST					9.50	7.75	10.00	10.00	87
88 HEMATOCRIT					4.00L	4.00L	3.50L	4.00L	88
89 PLATELET COUNT (REES-ECKER)					10.00	10.00	10.00	10.00	89
90 POTASSIUM TEST - BLOOD					10.00*	10.00	8.00	10.00	90
91 PROTHROMBIN TIME TEST					7.75L	7.00L	6.00L	6.00L	91
92 SEDIMENTATION RATE					5.00L	6.25L	6.00L	7.00L	92
93 BLOOD SUGAR					6.00*	6.00*	6.00*	6.00*	93
94 BUN-UREA - NITROGEN					5.00L	6.00*	6.00*	6.00*	94
95 URIC ACID					7.00L	7.25*	7.00L	7.25*	95
96 FECES-OCCULT BLOOD-SCREENING					7.00	7.00	5.00	5.00	96
97 PAP TEST					8.00*	7.00L	8.00*	7.00L	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	4.00L	98
99 CHEMICAL URINALYSIS					7.00	7.00	5.00	6.00	99
100 PATHOLOGY - THREE SPECIMENS					25.00	30.00	25.00	25.00	100
101 ELEC MONITORING-PACEMAKER					40.00	43.70*	40.00	40.00	101
102 OONOR NEPHRECTOMY-UNILATERAL					1100.00	1100.00	1100.00	1100.00	102
103 KIDNEY TRANSPLANT					1904.50	1904.50	1904.50	1904.50	103
104 HOSPITAL BED - RENTAL					60.00L	60.50L	59.00L	70.00L	104
105 WALKER - RENTAL					28.00	20.00	18.00	15.00*	105
106 WHEELCHAIR - RENTAL					45.00L	35.00L	34.00L	35.00L	106
107 LIQUID OXYGEN - RENTAL					105.00*	110.00*	105.00*	105.00*	107
108 HOSPITAL BED - PURCHASE					425.00L	495.00	425.00L	425.00L	108
109 WALKER - PURCHASE					49.00	55.00	55.00	59.40	109
110 WHEELCHAIR - PURCHASE					306.80L	300.00L	300.00L	300.00L	110

PUERTO RICO

PUERTO RICO

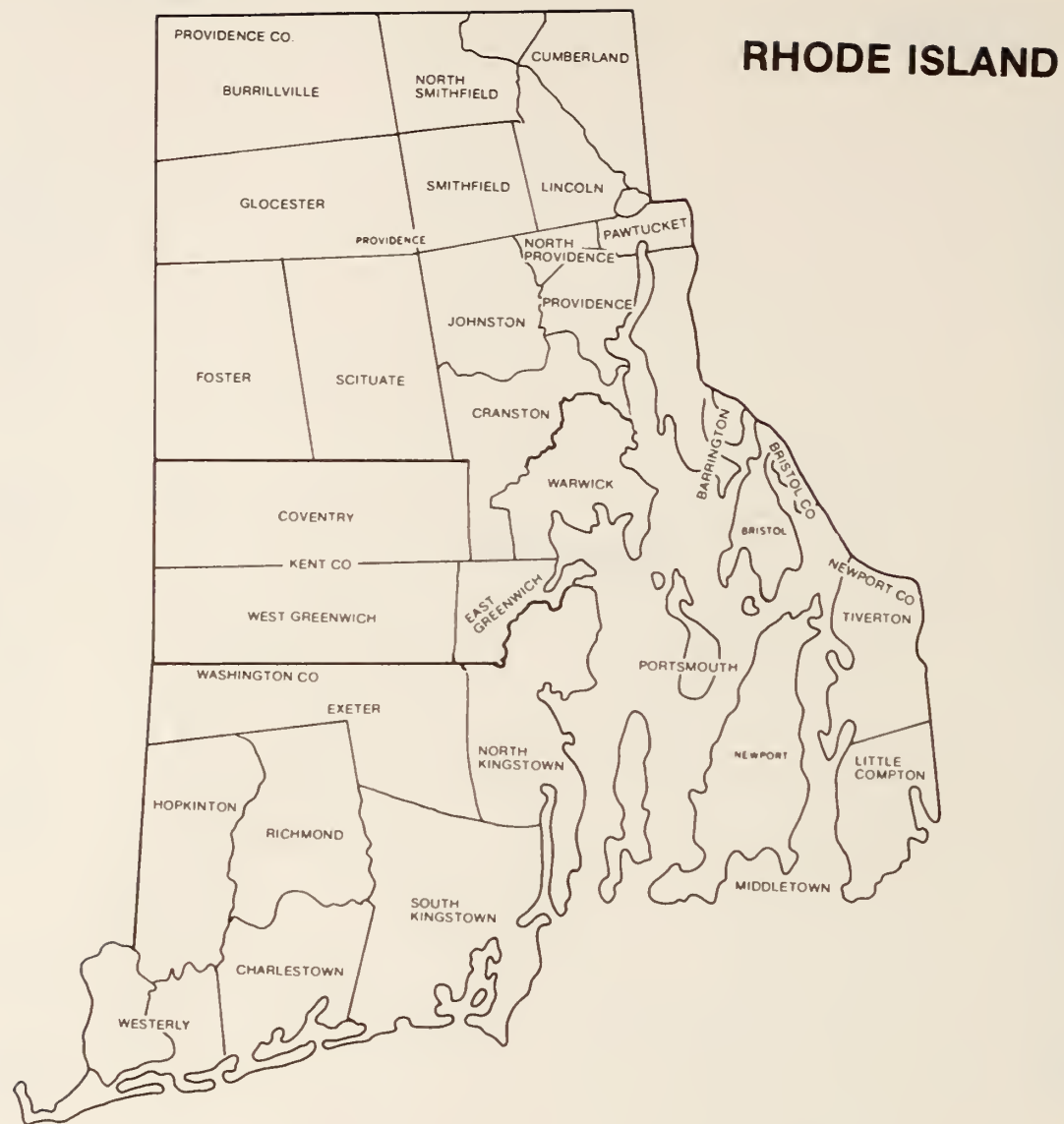


PROCEDURE DESCRIPTION	AREA 1	
1 INITIAL BRIEF OFFICE VISIT	20.00	1
2 INITIAL LIMITED OFFICE VISIT	20.00	2
3 INITIAL INTERMED OFFICE VISIT	20.00	3
4 INITIAL COMP OFFICE VISIT	35.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	15.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	15.00	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	8
9 EXTENDED F/U OFFICE VISIT	20.00	9
10 COMP FOLLOWUP OFFICE VISIT	15.00	10
11 BRIEF FOLLOWUP HOME VISIT	30.00	11
12 LIMITED FOLLOWUP HOME VISIT	38.50*	12
13 INTERMEDIATE F/U HOME VISIT	23.80*	13
14 EXTENDED CARE FACILITY VISIT	19.60*	14
15 BRIEF F/U NURSING HOME VISIT	15.00	15
16 INITIAL BRIEF HOSPITAL VISIT	45.00*	16
17 INIT INTERMED HOSPITAL VISIT	45.00*	17
18 INITIAL COMP HOSPITAL VISIT	25.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	15.00	19
20 LIMITED F/U HOSPITAL VISIT	15.00	20
21 INTERMED F/U HOSPITAL VISIT	20.70*	21
22 EXTENDED F/U HOSPITAL VISIT	20.70*	22
23 BRIEF EMERGENCY ROOM VISIT	34.00*	23
24 LIMITED EMERGENCY ROOM VISIT	34.00*	24
25 INTERMED EMERGENCY ROOM VISIT	34.00*	25
26 LIMITED CONSULTATION	34.30*	26
27 EXTENSIVE CONSULTATION	35.00	27
28 COMPREHENSIVE CONSULTATION	47.90*	28
29 PSYCHOTHERAPY-ONE HOUR	46.70*	29
30 PSYCHOTHERAPY-HALF HOUR		30
31 CHIRDPRACTIC OFFICE VISIT	15.00	31
32 INITIAL PHYSIOTHERAPY	35.00	32
33 F/U PODIATRIC OFFICE VISIT	19.80*	33
34 ELECTROCARDIOGRAM (EKG)	35.00	34
35 EKG-INTERPRET AND REPORT ONLY	30.00	35
36 SPIROMETRY	50.00	36
37 ELECTROENCEPHALDGRAM (EEG)	60.00	37
38 CHEMOTHERAPY	24.80*	38
39 COLLECTION OF SPECIMENS		39
40 DEBRIDEMENT OF NAILS		40
41 SKIN BIOPSY	35.00	41
42 CHEMOCAUTERY		42
43 RADICAL MASTECTOMY		43
44 OPEN REDUCTION OF FRACTURE	210.00	44
45 ARTHROCENTESIS-MAJOR JOINT	800.00	45
46 CORONARY ARTERY BYPASS	403.50*	46
47 TOTAL ARTIFICIAL HIP REPLACE	1121.10*	47
48 NEEDLE PUNCTURE OF BURSA		48
49 BRONCHOSCOPY	168.20*	49
50 THORACENTESIS		50
51 CATHERIZATION OF HEART		51
52 INSERTION OF PACEMAKER	269.20*	52
53 PARTIAL COLECTOMY	300.00	53
54 APPENDECTOMY	600.00	54
55 SIGMOIDOSCOPY	30.00	55

(Direct questions on this data to:
Roland Thillet
GPO Box 3628
San Juan, Puerto Rico 00936)

PROCEDURE DESCRIPTION	AREA 1	
56 HEMORRHOIODECTOMY	400.40*	56
57 CHOLECYSTECTOMY	220.00	57
58 REPAIR HERNIA	140.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	80.00	59
60 DILATION OF URETHRA		60
61 PROSTATECTOMY - SUPRAPUBIC	2.10*	61
62 ELECTROSECTION-PROSTATE (TUR)	280.00	62
63 HYSTERECTOMY	895.90*	63
64 INITIAL COMPLETE EYE EXAM	21.30*	64
65 COMPREHENSIVE EYE EXAM	25.00	65
66 EYE EXAM WITH TONOMETRY	19.70*	66
67 EXTRACTION OF LENS	900.00	67
68 CHEST X-RAY - SINGLE VIEW	20.00	68
69 CHEST X-RAY - TWO VIEWS	25.00	69
70 X-RAY SPINE	35.00	70
71 X-RAY HIP	30.00	71
72 X-RAY UPPER GI TRACT	75.00	72
73 X-RAY COLON	75.00	73
74 RADIATION THERAPY-LOW VOLT		74
75 RADIATION THERAPY-SUPER VOLT	60.00	75
76 RADIATION THERAPY-MEGAVOLT	60.00	76
77 CAT SCAN - HEAD	275.00	77
78 CAT SCAN - ABDOMEN	275.00	78
79 THREE CHEMISTRY TESTS	30.00	79
80 NINETEEN CHEMISTRY TESTS	45.00	80
81 CULTURE - OTHER THAN BLOOD	20.00	81
82 HEMOGLOBIN	2.00L	82
83 AUTOMATED BLOOD COUNT		83
84 WHITE CELL COUNT	6.00L	84
85 COMPLETE BLOOD COUNT (CBC)	7.00L	85
86 CHOLESTEROL TEST	6.00L	86
87 FLOCCULATION TEST	20.00	87
88 HEMATOCRIT	2.00L	88
89 PLATELET COUNT (REES-ECKER)	8.00	89
90 POTASSIUM TEST - BLOOD	12.00	90
91 PROTHROMBIN TIME TEST	6.55L	91
92 SEDIMENTATION RATE	5.00L	92
93 BLOOD SUGAR	5.00L	93
94 BUN-UREA - NITROGEN	6.00L	94
95 URIC ACID	5.50L	95
96 FECES-OCCULT BLOOD-SCREENING		96
97 PAP TEST	10.00L	97
98 ROUTINE URINALYSIS	4.00L	98
99 CHEMICAL URINALYSIS	4.00L	99
100 PATHOLOGY - THREE SPECIMENS	35.00	100
101 ELEC MONITORING-PACEMAKER		101
102 DONOR NEPHRECTOMY-UNILATERAL		102
103 KIDNEY TRANSPLANT		103
104 HOSPITAL BED - RENTAL	38.00L	104
105 WALKER - RENTAL	58.50	105
106 WHEELCHAIR - RENTAL	30.00L	106
107 LIQUID OXYGEN - RENTAL		107
108 HOSPITAL BED - PURCHASE	290.00L	108
109 WALKER - PURCHASE	58.50	109
110 WHEELCHAIR - PURCHASE		110

RHODE ISLAND



One Locality - Statewide

1984 PREVAILING CHARGE SUMMARY DATA B/S OF RHODE ISLAND
LOCALITY DESIGNATION FOR GENERAL PRACTICE

RHODE ISLAND
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		30.94*	1
2 INITIAL LIMITED OFFICE VISIT	51.57*	72.20*	2
3 INITIAL INTERMED OFFICE VISIT		30.94*	3
4 INITIAL COMP OFFICE VISIT	51.57*	72.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	16.50*	20.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	16.50*	20.63*	6
7 LIMITED FOLLOWUP OFFICE VISIT	17.00	30.94*	7
8 INTERMEDIATE F/U OFFICE VISIT	17.00	30.94*	8
9 EXTENDED F/U OFFICE VISIT	24.75*	30.94*	9
10 COMP FOLLOWUP OFFICE VISIT	30.94*	51.57*	10
11 BRIEF FOLLOWUP HOME VISIT	24.75*	30.94*	11
12 LIMITED FOLLOWUP HOME VISIT		30.94*	12
13 INTERMDIATE F/U HOME VISIT	24.75*	30.94*	13
14 EXTENDED CARE FACILITY VISIT		30.94*	14
15 BRIEF F/U NURSING HOME VISIT	16.50*	20.63*	15
16 INITIAL BRIEF HOSPITAL VISIT	51.57*	72.20*	16
17 INIT INTERMED HOSPITAL VISIT		72.20*	17
18 INITIAL COMP HOSPITAL VISIT	51.57*	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.63*	20.63*	19
20 LIMITED F/U HOSPITAL VISIT	30.94*	30.94*	20
21 INTERMED F/U HOSPITAL VISIT	30.94*	30.94*	21
22 EXTENDED F/U HOSPITAL VISIT		29.48*	22
23 BRIEF EMERGENCY ROOM VISIT		33.65*	23
24 LIMITED EMERGENCY ROOM VISIT		33.65*	24
25 INTERMED EMERGENCY ROOM VISIT		33.65*	25
26 LIMITED CONSULTATION	50.00	30.94*	26
27 EXTENSIVE CONSULTATION		72.20*	27
28 COMPREHENSIVE CONSULTATION		72.20*	28
29 PSYCHOTHERAPY-ONE HOUR		72.20*	29
30 PSYCHOTHERAPY-HALF HOUR		41.26*	30
31 CHIROPRACTIC OFFICE VISIT	15.74*	15.74*	31
32 INITIAL PHYSIOTHERAPY		30.94*	32
33 F/U PODIATRIC OFFICE VISIT		20.63*	33
34 ELECTROCARDIOGRAM (EKG)	41.26*	39.00	34
35 EKG-INTERPRET AND REPORT ONLY	10.85 P	10.85 P	35
36 SPIROMETRY		30.94*	36
37 ELECTROENCEPHALOGRAM (EEG)		90.00	37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS		3.00	39
40 DEBRIDEMENT OF NAILS		30.00	40
41 SKIN BIOPSY		51.57*	41
42 CHEMOCAUTERY		51.57*	42
43 RADICAL MASTECTOMY		860.27*	43
44 OPEN REDUCTION OF FRACTURE		1083.07*	44
45 ARTHROCENTESIS-MAJOR JOINT	30.94*	41.26*	45
46 CORONARY ARTERY BYPASS		2587.17*	46
47 TOTAL ARTIFICIAL HIP REPLACE		2063.00*	47
48 NEEDLE PUNCTURE OF BURSA		30.00	48
49 BRONCHOSCOPY		256.00	49
50 THORACENTESIS		61.89*	50
51 CATHETERIZATION OF HEART		567.32*	51
52 INSERTION OF PACEMAKER		400.00	52
53 PARTIAL COLECTOMY		1340.95*	53
54 APPENDECTOMY		515.75*	54
55 SIGMOIDOSCOPY		51.57*	55

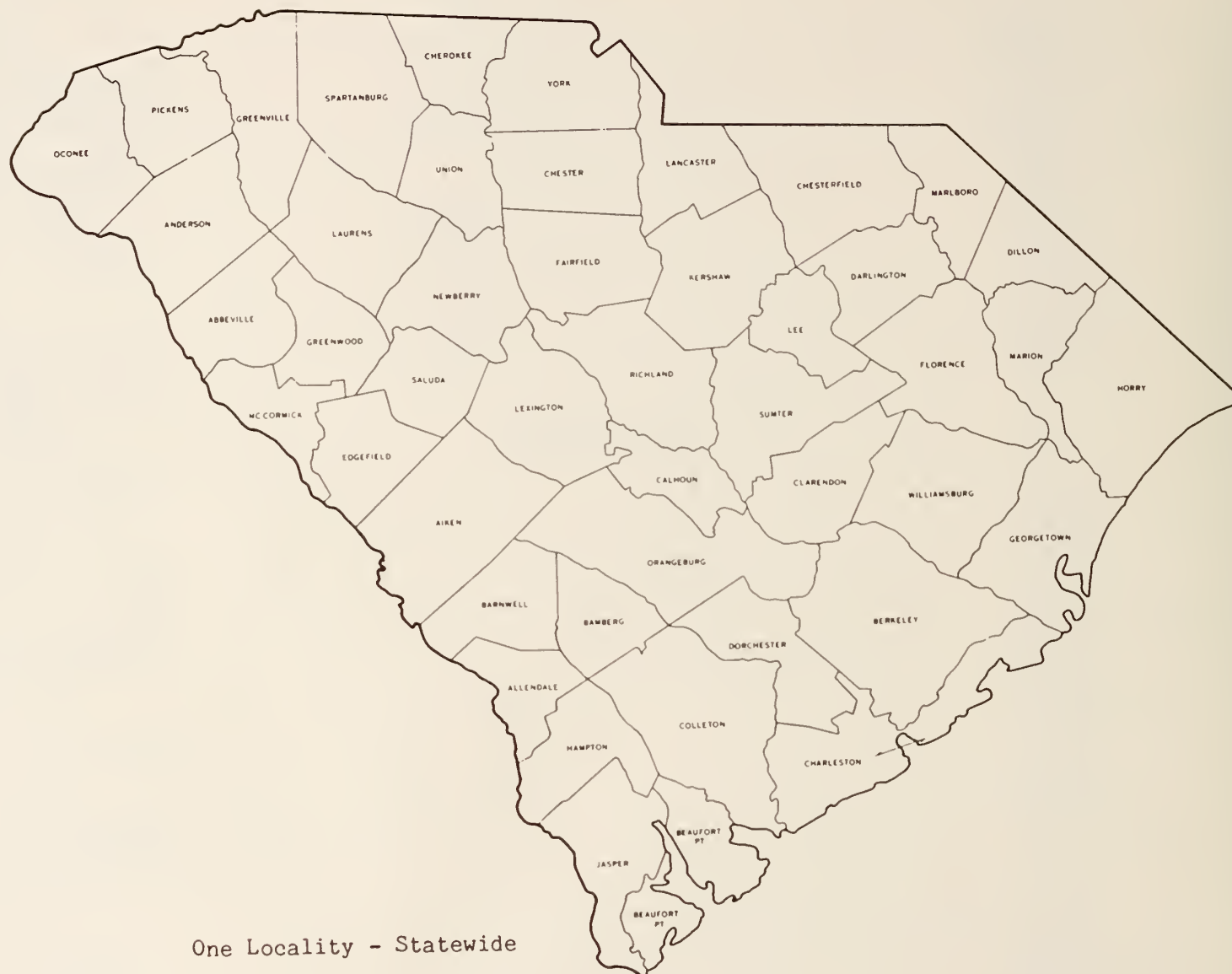
1984 PREVAILING CHARGE SUMMARY DATA B/S OF RHODE ISLAND
LOCALITY DESIGNATION FOR GENERAL PRACTICE

RHODE ISLAND
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		515.75*	56
57 CHOLECYSTECTOMY		928.35*	57
58 REPAIR HERNIA		515.75*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	103.15*	103.15*	59
60 DILATION OF URETHRA		30.94*	60
61 PROSTATECTOMY - SUPRAPUBIC		1101.64*	61
62 ELECTROSECTION-PROSTATE (TUR)	928.35*	928.35*	62
63 HYSTERECTOMY		905.00	63
64 INITIAL COMPLETE EYE EXAM		30.94*	64
65 COMPREHENSIVE EYE EXAM		30.94*	65
66 EYE EXAM WITH TONOMETRY		15.47*	66
67 EXTRACTION OF LENS	928.35*	928.35*	67
68 CHEST X-RAY - SINGLE VIEW	30.94*	20.63*	68
69 CHEST X-RAY - TWO VIEWS	30.94*	30.94*	69
70 X-RAY SPINE		41.26*	70
71 X-RAY HIP		30.94*	71
72 X-RAY UPPER GI TRACT	72.20*	72.20*	72
73 X-RAY COLON		61.89*	73
74 RADIATION THERAPY-LOW VOLT	17.90	17.90	74
75 RADIATION THERAPY-SUPER VOLT	55.00	55.00	75
76 RADIATION THERAPY-MEGAVOLT		55.00	76
77 CAT SCAN - HEAD			77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS		17.40	79
80 NINETEEN CHEMISTRY TESTS			80
81 CULTURE - OTHER THAN BLOOD		12.00	81
82 HEMOGLOBIN		2.00L	82
83 AUTOMATED BLOOD COUNT		12.00L	83
84 WHITE CELL COUNT		5.00L	84
85 COMPLETE BLOOD COUNT (CBC)		12.00L	85
86 CHOLESTEROL TEST		9.00L	86
87 FLOCCULATION TEST		10.00	87
88 HEMATOCRIT		5.00L	88
89 PLATELET COUNT (REES-ECKER)		10.00	89
90 POTASSIUM TEST - BLOOD		9.00	90
91 PROTHROMBIN TIME TEST		10.00L	91
92 SEDIMENTATION RATE		8.00L	92
93 BLOOD SUGAR		9.00L	93
94 BUN-UREA - NITROGEN		9.00L	94
95 URIC ACID		7.00L	95
96 FECES-OCCULT BLOOD-SCREENING		2.00	96
97 PAP TEST		9.00L	97
98 ROUTINE URINALYSIS		7.00L	98
99 CHEMICAL URINALYSIS		5.00	99
100 PATHOLOGY - THREE SPECIMENS		35.00	100
101 ELEC MONITORING-PACEMAKER		36.00	101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL		25.00L	104
105 WALKER - RENTAL		8.00	105
106 WHEELCHAIR - RENTAL		20.00L	106
107 LIQUID OXYGEN - RENTAL			107
108 HOSPITAL BED - PURCHASE		646.00L	108
109 WALKER - PURCHASE		57.50	109
110 WHEELCHAIR - PURCHASE		279.00L	110

SOUTH CAROLINA

SOUTH CAROLINA



One Locality - Statewide

1984 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF SOUTH CAROLINA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

SOUTH CAROLINA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		14.62*	1
2 INITIAL LIMITED OFFICE VISIT	11.51*	16.58*	2
3 INITIAL INTERMED OFFICE VISIT		29.21*	3
4 INITIAL COMP OFFICE VISIT	31.79*	65.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.75*	13.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	9.20*	14.62*	6
7 LIMITED FOLLOWUP OFFICE VISIT	11.51*	16.58*	7
8 INTERMEDIATE F/U OFFICE VISIT	16.33*	26.00	8
9 EXTENDED F/U OFFICE VISIT	24.00	36.59*	9
10 COMP FOLLOWUP OFFICE VISIT	37.69*	65.50*	10
11 BRIEF FOLLOWUP HOME VISIT	18.15*	18.15*	11
12 LIMITED FOLLOWUP HOME VISIT		20.63*	12
13 INTERMDIATE F/U HOME VISIT	27.43*	27.43*	13
14 EXTENDED CARE FACILITY VISIT		17.06*	14
15 BRIEF F/U NURSING HOME VISIT	11.53*	18.17*	15
16 INITIAL BRIEF HOSPITAL VISIT	45.40*	47.73*	16
17 INIT INTERMED HOSPITAL VISIT		47.73*	17
18 INITIAL COMP HOSPITAL VISIT	45.40*	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.61*	18.69*	19
20 LIMITED F/U HOSPITAL VISIT	15.82*	18.69*	20
21 INTERMED F/U HOSPITAL VISIT	23.35*	26.59*	21
22 EXTENDED F/U HOSPITAL VISIT		36.59*	22
23 BRIEF EMERGENCY ROOM VISIT		19.02*	23
24 LIMITED EMERGENCY ROOM VISIT		19.59*	24
25 INTERMED EMERGENCY ROOM VISIT		19.59*	25
26 LIMITED CONSULTATION	45.40*	48.95*	26
27 EXTENSIVE CONSULTATION		48.95*	27
28 COMPREHENSIVE CONSULTATION		72.20*	28
29 PSYCHOTHERAPY-ONE HOUR		54.89*	29
30 PSYCHOTHERAPY-HALF HOUR		36.59*	30
31 CHIROPRACTIC OFFICE VISIT	10.97*	10.97*	31
32 INITIAL PHYSIOTHERAPY		9.38*	32
33 F/U PODIATRIC OFFICE VISIT		20.00	33
34 ELECTROCARDIOGRAM (EKG)	26.00	27.00	34
35 EKG-INTERPRET AND REPORT ONLY	9.98*P	9.73*P	35
36 SPIROMETRY		27.43*	36
37 ELECTROENCEPHALOGRAM (EEG)		82.35*	37
38 CHEMOTHERAPY		40.00	38
39 COLLECTION OF SPECIMENS		3.00	39
40 DEBRIDEMENT OF NAILS		20.00	40
41 SKIN BIOPSY		41.26*	41
42 CHEMOCAUTERY		5.00	42
43 RADICAL MASTECTOMY		860.29*	43
44 OPEN REDUCTION OF FRACTURE		866.46*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.80*	30.96*	45
46 CORONARY ARTERY BYPASS		4000.00	46
47 TOTAL ARTIFICIAL HIP REPLACE		2167.94*	47
48 NEEDLE PUNCTURE OF BURSA		27.41*	48
49 BRONCHOSCOPY		206.30*	49
50 THORACENTESIS		51.57*	50
51 CATHETERIZATION OF HEART		434.11*	51
52 INSERTION OF PACEMAKER		990.00	52
53 PARTIAL COLECTOMY		1181.89*	53
54 APPENDECTOMY	412.60*	440.92*	54
55 SIGMOIDOSCOPY		45.00	55

1984 PREVAILING CHARGE SUMMARY DATA 8/C-B/S OF SOUTH CAROLINA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

SOUTH CAROLINA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		406.14*	56
57 CHOLECYSTECTOMY		774.42*	57
58 REPAIR HERNIA		465.43*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	103.15*	103.15*	59
60 DILATION OF URETHRA		20.00	60
61 PROSTATECTOMY - SUPRAPUBIC		990.24*	61
62 ELECTROSECTION-PROSTATE (TUR)	825.20*	825.20*	62
63 HYSTERECTOMY		825.20*	63
64 INITIAL COMPLETE EYE EXAM		36.59*	64
65 COMPREHENSIVE EYE EXAM		33.60	65
66 EYE EXAM WITH TONOMETRY		16.46*	66
67 EXTRACTION OF LENS	825.20*	825.20*	67
68 CHEST X-RAY - SINGLE VIEW	27.87*	10.31*P	68
69 CHEST X-RAY - TWO VIEWS	33.00	15.59*P	69
70 X-RAY SPINE		22.00 P	70
71 X-RAY HIP		16.99*P	71
72 X-RAY UPPER GI TRACT	72.20*	36.08*P	72
73 X-RAY COLON		35.00*P	73
74 RADIATION THERAPY-LOW VOLT	20.00 P	20.00 P	74
75 RADIATION THERAPY-SUPER VOLT	20.00 P	20.00 P	75
76 RADIATION THERAPY-MEGAVOLT		25.00 P	76
77 CAT SCAN - HEAD		90.00 P	77
78 CAT SCAN - ABDOMEN		93.53*P	78
79 THREE CHEMISTRY TESTS		10.50	79
80 NINETEEN CHEMISTRY TESTS		16.00	80
81 CULTURE - OTHER THAN BLOOD		14.00	81
82 HEMOGLOBIN		3.00L	82
83 AUTOMATED BLOOD COUNT		11.00	83
84 WHITE CELL COUNT		4.00L	84
85 COMPLETE BLOOD COUNT (CBC)		9.00L	85
86 CHOLESTEROL TEST		7.00L	86
87 FLOCCULATION TEST		8.00	87
88 HEMATOCRIT		4.00L	88
89 PLATELET COUNT (REES-ECKER)		7.00	89
90 POTASSIUM TEST - BLOOD		10.00	90
91 PROTHROMBIN TIME TEST		7.00L	91
92 SEDIMENTATION RATE		5.00L	92
93 BLOOD SUGAR		6.00L	93
94 BUN-UREA - NITROGEN		7.00L	94
95 URIC ACID		7.00L	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		7.00L	97
98 ROUTINE URINALYSIS		4.00L	98
99 CHEMICAL URINALYSIS		5.00	99
100 PATHOLOGY - THREE SPECIMENS		31.00	100
101 ELEC MONITORING-PACEMAKER		36.59*	101
102 DONOR NEPHRECTOMY-UNILATERAL		1055.20	102
103 KIDNEY TRANSPLANT		2110.40	103
104 HOSPITAL BED - RENTAL		47.80L	104
105 WALKER - RENTAL		19.75	105
106 WHEELCHAIR - RENTAL		31.20L	106
107 LIQUID OXYGEN - RENTAL		82.50	107
108 HOSPITAL BED - PURCHASE		495.00L	108
109 WALKER - PURCHASE		50.00	109
110 WHEELCHAIR - PURCHASE		307.00L	110

SOUTH DAKOTA

SOUTH DAKOTA



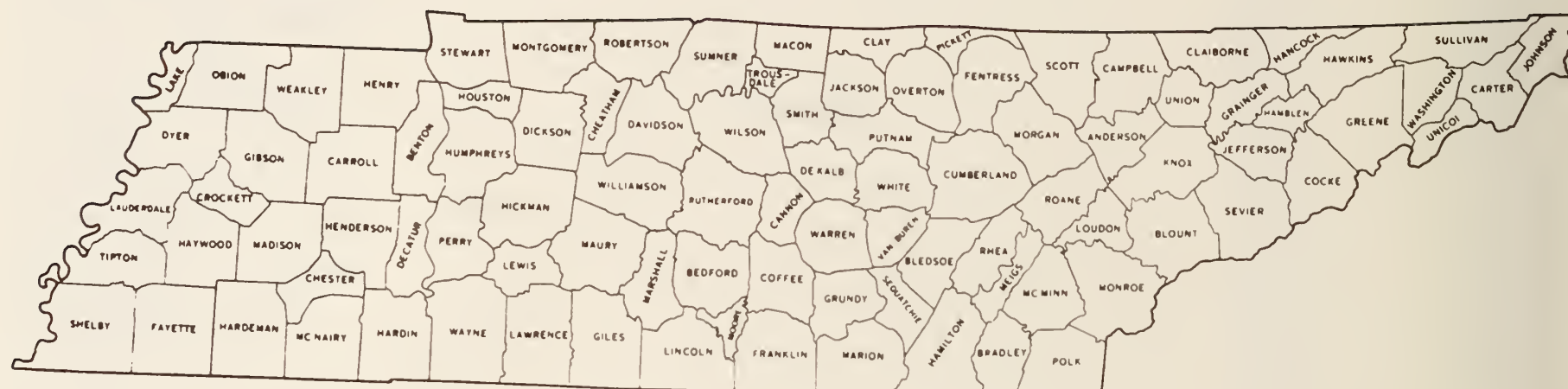
One Locality - Statewide

PROCEDURE DESCRIPTION	SINGLE	
1 INITIAL BRIEF OFFICE VISIT	22.10*	1
2 INITIAL LIMITED OFFICE VISIT	22.10*	2
3 INITIAL INTERMED OFFICE VISIT	26.50*	3
4 INITIAL COMP OFFICE VISIT	43.10*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.20*	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	19.00	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	8
9 EXTENDED F/U OFFICE VISIT	31.00*	9
10 COMP FOLLOWUP OFFICE VISIT	41.20*	10
11 BRIEF FOLLOWUP HOME VISIT	16.90*	11
12 LIMITED FOLLOWUP HOME VISIT	22.10*	12
13 INTERMDIATE F/U HOME VISIT	22.10*	13
14 EXTENDED CARE FACILITY VISIT	18.00	14
15 BRIEF F/U NURSING HOME VISIT	12.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	37.20*	16
17 INIT INTERMED HOSPITAL VISIT	54.80*	17
18 INITIAL COMP HOSPITAL VISIT	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.40*	19
20 LIMITED F/U HOSPITAL VISIT	20.70*	20
21 INTERMED F/U HOSPITAL VISIT	22.00*	21
22 EXTENDED F/U HOSPITAL VISIT	40.00	22
23 BRIEF EMERGENCY ROOM VISIT	19.40*	23
24 LIMITED EMERGENCY ROOM VISIT	26.00*	24
25 INTERMED EMERGENCY ROOM VISIT	36.40*	25
26 LIMITED CONSULTATION	51.50*	26
27 EXTENSIVE CONSULTATION	60.00*	27
28 COMPREHENSIVE CONSULTATION	72.10*	28
29 PSYCHOTHERAPY-ONE HOUR	60.00	29
30 PSYCHOTHERAPY-HALF HOUR	37.50	30
31 CHIROPRACTIC OFFICE VISIT	13.00*	31
32 INITIAL PHYSIOTHERAPY	10.30*	32
33 F/U PODIATRIC OFFICE VISIT	19.00	33
34 ELECTROCARDIOGRAM (EKG)	26.40*	34
35 EKG-INTERPRET AND REPORT ONLY	16.00	35
36 SPIROMETRY	28.50	36
37 ELECTROENCEPHALOGRAM (EEG)	73.00*	37
38 CHEMOTHERAPY	32.30*	38
39 COLLECTION OF SPECIMENS	3.00	39
40 DEBRIDEMENT OF NAILS	18.00*	40
41 SKIN BIOPSY	37.20*	41
42 CHEMOCAUTERY	8.50*	42
43 RADICAL MASTECTOMY	816.00*	43
44 OPEN REDUCTION OF FRACTURE	825.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	24.80*	45
46 CORONARY ARTERY BYPASS	3601.40*	46
47 TOTAL ARTIFICIAL HIP REPLACE	1994.60*	47
48 NEEDLE PUNCTURE OF BURSA	20.75*	48
49 BRONCHOSCOPY	206.30*	49
50 THORACENTESIS	37.20*	50
51 CATHERIZATION OF HEART	743.10	51
52 INSERTION OF PACEMAKER	1174.60*	52
53 PARTIAL COLECTOMY	1031.70*	53
54 APPENDECTOMY	455.80*	54
55 SIGMOIDOSCOPY	81.80*	55

PROCEDURE DESCRIPTION	SINGLE	
56 HEMORRHOIDECTOMY	309.70*	56
57 CHOLECYSTECTOMY	742.70*	57
58 REPAIR HERNIA	433.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	61.90*	59
60 DILATION OF URETHRA	22.00	60
61 PROSTATECTOMY - SUPRAPUBIC	990.50*	61
62 ELECTROSECTION-PROSTATE (TUR)	1104.00*	62
63 HYSTERECTOMY	667.60*	63
64 INITIAL COMPLETE EYE EXAM	33.70*	64
65 COMPREHENSIVE EYE EXAM	41.50*	65
66 EYE EXAM WITH TONOMETRY	19.00	66
67 EXTRACTION OF LENS	990.50*	67
68 CHEST X-RAY - SINGLE VIEW	24.80*	68
69 CHEST X-RAY - TWO VIEWS	25.90*	69
70 X-RAY SPINE	56.00	70
71 X-RAY HIP	39.10*	71
72 X-RAY UPPER GI TRACT	74.30*	72
73 X-RAY COLON	72.20*	73
74 RADIATION THERAPY-LOW VOLT	40.00	74
75 RADIATION THERAPY-SUPER VOLT	75.00	75
76 RADIATION THERAPY-MEGAVOLT	60.00	76
77 CAT SCAN - HEAD	280.00*	77
78 CAT SCAN - ABDOMEN	66.75 P	78
79 THREE CHEMISTRY TESTS	30.00	79
80 NINETEEN CHEMISTRY TESTS	29.00	80
81 CULTURE - OTHER THAN BLOOD	18.00	81
82 HEMOGLOBIN	4.00L	82
83 AUTOMATED BLOOD COUNT	16.00	83
84 WHITE CELL COUNT	5.00L	84
85 COMPLETE BLOOD COUNT (CBC)	6.90	85
86 CHOLESTEROL TEST	7.00L	86
87 FLOCCULATION TEST	12.00	87
88 HEMATOCRIT	5.00L	88
89 PLATELET COUNT (REES-ECKER)	8.00	89
90 POTASSIUM TEST - BLOOD	12.00	90
91 PROTHROMBIN TIME TEST	7.00L	91
92 SEDIMENTATION RATE	5.00L	92
93 BLOOD SUGAR	7.00L	93
94 BUN-UREA - NITROGEN	8.00L	94
95 URIC ACID	6.90L	95
96 FECES-OCCULT BLOOD-SCREENING	5.00	96
97 PAP TEST	6.90L	97
98 ROUTINE URINALYSIS	5.00L	98
99 CHEMICAL URINALYSIS	8.00	99
100 PATHOLOGY - THREE SPECIMENS	26.00	100
101 ELEC MONITORING-PACEMAKER	92.00	101
102 DONOR NEPHRECTOMY-UNILATERAL		102
103 KIDNEY TRANSPLANT		103
104 HOSPITAL BED - RENTAL	96.50	104
105 WALKER - RENTAL	15.50	105
106 WHEELCHAIR - RENTAL	20.00L	106
107 LIQUID OXYGEN - RENTAL	90.00	107
108 HOSPITAL BED - PURCHASE	750.00	108
109 WALKER - PURCHASE	59.50	109
110 WHEELCHAIR - PURCHASE	300.00L	110

TENNESSEE

TENNESSEE



One Locality - Statewide

1984 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TENNESSEE
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	35	35	
1 INITIAL BRIEF OFFICE VISIT		24.80*	1
2 INITIAL LIMITED OFFICE VISIT	25.00	41.00	2
3 INITIAL INTERMED OFFICE VISIT			3
4 INITIAL COMP OFFICE VISIT	40.00	61.90	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.10*	6.10*	5
6 BRIEF FOLLOWUP OFFICE VISIT	10.40*	14.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT			7
8 INTERMEDIATE F/U OFFICE VISIT	16.60*	20.75*	8
9 EXTENDED F/U OFFICE VISIT	20.00	24.80*	9
10 COMP FOLLOWUP OFFICE VISIT	35.00	41.20*	10
11 BRIEF FOLLOWUP HOME VISIT	20.75*	24.80*	11
12 LIMITED FOLLOWUP HOME VISIT			12
13 INTERMDIATE F/U HOME VISIT	25.00		13
14 EXTENDED CARE FACILITY VISIT		20.00	14
15 BRIEF F/U NURSING HOME VISIT	10.40*	14.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	31.00*	31.00*	16
17 INIT INTERMED HOSPITAL VISIT		61.90*	17
18 INITIAL COMP HOSPITAL VISIT	50.00	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.50*	16.60*	19
20 LIMITED F/U HOSPITAL VISIT			20
21 INTERMED F/U HOSPITAL VISIT	20.00	20.75	21
22 EXTENDED F/U HOSPITAL VISIT		40.00	22
23 BRIEF EMERGENCY ROOM VISIT		19.80*	23
24 LIMITED EMERGENCY ROOM VISIT		24.70*	24
25 INTERMED EMERGENCY ROOM VISIT		41.10*	25
26 LIMITED CONSULTATION	20.75*	31.00*	26
27 EXTENSIVE CONSULTATION		61.90*	27
28 COMPREHENSIVE CONSULTATION		90.00	28
29 PSYCHOTHERAPY-ONE HOUR		41.20*	29
30 PSYCHOTHERAPY-HALF HOUR		50.00	30
31 CHIROPRACTIC OFFICE VISIT		12.20*	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT		14.40*	33
34 ELECTROCARDIOGRAM (EKG)	30.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	7.50 P		35
36 SPIROMETRY		20.00*	36
37 ELECTROENCEPHALOGRAM (EEG)		82.70*	37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS		3.00L	39
40 DEBRIDEMENT OF NAILS		21.40*	40
41 SKIN BIOPSY		50.00	41
42 CHEMOCAUTERY		24.80*	42
43 RADICAL MASTECTOMY		892.10*	43
44 OPEN REDUCTION OF FRACTURE		1031.70*	44
45 ARTHROCENTESIS-MAJOR JOINT	20.00	21.40*	45
46 CORONARY ARTERY BYPASS		3374.80*	46
47 TOTAL ARTIFICIAL HIP REPLACE		1753.70*	47
48 NEEDLE PUNCTURE OF BURSA		28.00	48
49 BRONCHOSCOPY		227.10*	49
50 THORACENTESIS		51.60*	50
51 CATHERIZATION OF HEART		800.00	51
52 INSERTION OF PACEMAKER		1031.70*	52
53 PARTIAL COLECTOMY		1031.70*	53
54 APPENDECTOMY	536.50*	536.50*	54
55 SIGMOIDOSCOPY		37.30*	55

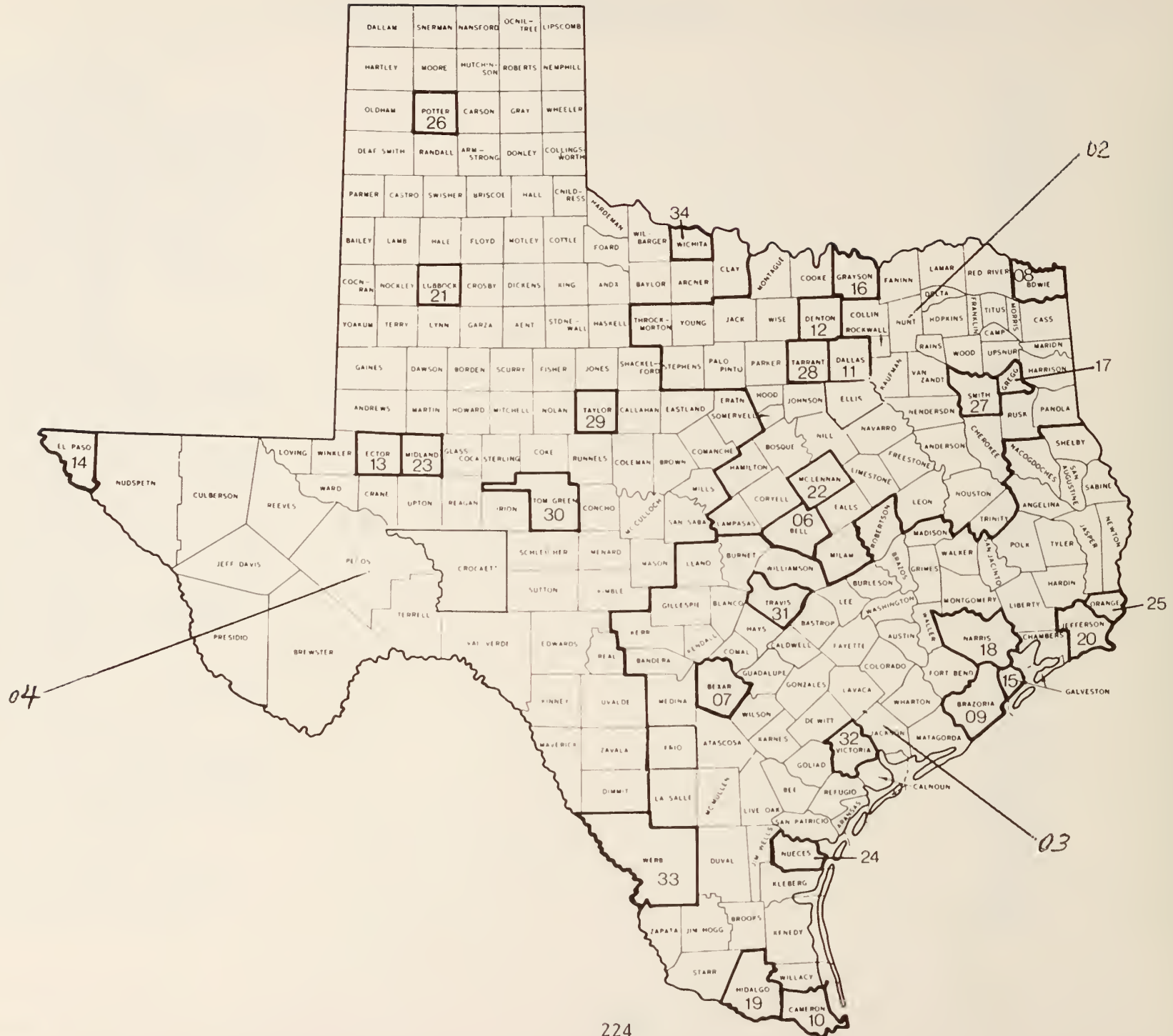
1984 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TENNESSEE
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	35	35	
56 HEMORRHOIDECTOMY		412.70*	56
57 CHOLECYSTECTOMY		748.00*	57
58 REPAIR HERNIA		464.30*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY		51.60*	59
60 DILATION OF URETHRA		20.00	60
61 PROSTATECTOMY - SUPRAPUBIC		928.40*	61
62 ELECTROSECTION-PROSTATE (TUR)	743.30*	908.00*	62
63 HYSTERECTOMY		825.40*	63
64 INITIAL COMPLETE EYE EXAM		34.60*	64
65 COMPREHENSIVE EYE EXAM			65
66 EYE EXAM WITH TONOMETRY		23.20*	66
67 EXTRACTION OF LENS		825.40*	67
68 CHEST X-RAY - SINGLE VIEW	22.90*	31.00*	68
69 CHEST X-RAY - TWO VIEWS	31.00*	31.00*	69
70 X-RAY SPINE		46.50*	70
71 X-RAY HIP		35.00*	71
72 X-RAY UPPER GI TRACT	72.20*	72.20*	72
73 X-RAY COLON		61.90*	73
74 RADIATION THERAPY-LOW VOLT		33.75	74
75 RADIATION THERAPY-SUPER VOLT		31.00*	75
76 RADIATION THERAPY-MEGAVOLT		53.60*	76
77 CAT SCAN - HEAD		403.20*	77
78 CAT SCAN - ABDOMEN		423.40	78
79 THREE CHEMISTRY TESTS		10.50	79
80 NINETEEN CHEMISTRY TESTS		26.00	80
81 CULTURE - OTHER THAN BLOOD		20.50	81
82 HEMOGLOBIN		4.50L	82
83 AUTOMATED BLOOD COUNT		18.00	83
84 WHITE CELL COUNT		4.00L	84
85 COMPLETE BLOOD COUNT (CBC)		8.00L	85
86 CHOLESTEROL TEST		6.00L	86
87 FLOCCULATION TEST		7.00	87
88 HEMATOCRIT		4.00L	88
89 PLATELET COUNT (REES-ECKER)		10.50	89
90 POTASSIUM TEST - BLOOD		10.00	90
91 PROTHROMBIN TIME TEST		7.00L	91
92 SEDIMENTATION RATE		6.00L	92
93 BLOOD SUGAR		7.50L	93
94 BUN-UREA - NITROGEN		8.00L	94
95 URIC ACID		8.00L	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		8.00L	97
98 ROUTINE URINALYSIS		6.00L	98
99 CHEMICAL URINALYSIS		5.00	99
100 PATHOLOGY - THREE SPECIMENS		35.00*	100
101 ELEC MONITORING-PACEMAKER		35.00	101
102 DONOR NEPHRECTOMY-UNILATERAL		1384.70	102
103 KIDNEY TRANSPLANT		1793.20*	103
104 HOSPITAL BED - RENTAL		52.00L	104
105 WALKER - RENTAL		13.76	105
106 WHEELCHAIR - RENTAL		30.00L	106
107 LIQUID OXYGEN - RENTAL		46.45	107
108 HOSPITAL BED - PURCHASE		503.50L	108
109 WALKER - PURCHASE		66.75	109
110 WHEELCHAIR - PURCHASE		265.00L	110

TEXAS

TEXAS



1984 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	06	07	08	09	06	07	08	09	
1 INITIAL BRIEF OFFICE VISIT						20.60*			1
2 INITIAL LIMITED OFFICE VISIT	30.00	30.90*	18.00	30.00		41.30*			2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT	76.30*	45.00	35.00	35.00		72.20*			4
5 MINIMAL FOLLOWUP OFFICE VISIT									5
6 BRIEF FOLLOWUP OFFICE VISIT	10.30*	14.40*	14.40*	14.40*		20.60*			6
7 LIMITED FOLLOWUP OFFICE VISIT	12.40*	20.60*	14.40*	14.40*		20.60*			7
8 INTERMEDIATE F/U OFFICE VISIT	20.60*	25.00	15.00	14.40*		28.90*			8
9 EXTENDED F/U OFFICE VISIT	25.00	20.60*	25.00	30.00		26.00*			9
10 COMP FOLLOWUP OFFICE VISIT	42.00	50.00	42.00	59.80*		60.00			10
11 BRIEF FOLLOWUP HOME VISIT	20.00	24.75*	20.60*	30.00	20.00	24.75*	20.60*	30.00	11
12 LIMITED FOLLOWUP HOME VISIT									12
13 INTERMDIATE F/U HOME VISIT	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	13
14 EXTENDED CARE FACILITY VISIT						35.10*			14
15 BRIEF F/U NURSING HOME VISIT	20.00	20.60*	10.30*	20.60*		20.60*			15
16 INITIAL BRIEF HOSPITAL VISIT	51.60*	51.60*	30.90*	41.30*		61.90*			16
17 INIT INTERMED HOSPITAL VISIT						72.20*			17
18 INITIAL COMP HOSPITAL VISIT	51.60*	80.00	51.60*	51.60*		82.50*			18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.40*	20.60*	18.60*	20.60*		20.60*			19
20 LIMITED F/U HOSPITAL VISIT	12.40*	30.90*	20.60*	20.00		30.90*			20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT						50.00			22
23 BRIEF EMERGENCY ROOM VISIT						20.60*			23
24 LIMITED EMERGENCY ROOM VISIT						20.60*			24
25 INTERMED EMERGENCY ROOM VISIT						41.30*			25
26 LIMITED CONSULTATION	26.80*	41.30*	45.40*	51.60*		51.60*			26
27 EXTENSIVE CONSULTATION						51.60*			27
28 COMPREHENSIVE CONSULTATION						103.20*			28
29 PSYCHOTHERAPY-ONE HOUR						61.90*			29
30 PSYCHOTHERAPY-HALF HOUR						41.30*			30
31 CHIROPRACTIC OFFICE VISIT	14.40*	15.00	14.40*	16.50*		15.00			31
32 INITIAL PHYSIOTHERAPY					20.60*	20.60*	20.60*	20.60*	32
33 F/U PODIATRIC OFFICE VISIT					18.60*	18.60*	18.60*	18.60*	33
34 ELECTROCARDIOGRAM (EKG)	30.90*	39.20*	20.00	30.90*		35.00			34
35 EKG-INTERPRET AND REPORT ONLY	14.40*	12.40*	15.00	10.00		17.50*			35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					100.00	100.00	100.00	100.00	37
38 CHEMOTHERAPY						24.75*			38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS						30.00	22.70*	24.75*	40
41 SKIN BIOPSY						35.00*	33.00*	22.70*	41
42 CHEMOCAUTERY						40.00	40.00	40.00	42
43 RADICAL MASTECTOMY						1083.10*	711.70*	792.20*	43
44 OPEN REDUCTION OF FRACTURE						1031.50*			44
45 ARTHROCENTESIS-MAJOR JOINT	20.60*	30.90*	25.00	25.00		30.00			45
46 CORONARY ARTERY BYPASS						4800.00			46
47 TOTAL ARTIFICIAL HIP REPLACE						2585.00			47
48 NEEDLE PUNCTURE OF BURSA						30.90*	22.70*	24.75*	48
49 BRONCHOSCOPY						300.00	165.00*	183.60*	49
50 THORACENTESIS						43.30*	50.00*	50.00*	50
51 CATHETERIZATION OF HEART									51
52 INSERTION OF PACEMAKER						1547.25*	1093.40*	1217.20*	52
53 PARTIAL COLECTOMY						1237.80*	874.70*	973.70*	53
54 APPENDECTOMY	396.10*	500.00	412.60*	500.00		618.90*	412.60*	486.90*	54
55 SIGMOIDOSCOPY						51.60*	33.00*	37.10*	55

1984 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	06	07	08	09	06	07	08	09	
56 HEMORRHOIDECTOMY						567.30*	464.20*	365.20*	56
57 CHOLECYSTECTOMY						928.40*	618.90*	730.30*	57
58 REPAIR HERNIA						618.90*	412.60*	427.00*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	49.50*	41.30*	68.10*	68.10*		51.60*			59
60 DILATION OF URETHRA						30.90*			60
61 PROSTATECTOMY - SUPRAPUBIC						1031.50*			61
62 ELECTROSECTION-PROSTATE (TUR)	792.20*	1237.80*	1089.30*	1072.80*		990.20*			62
63 HYSTERECTOMY						1155.30*			63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM						40.00			65
66 EYE EXAM WITH TONOMETRY						20.00			66
67 EXTRACTION OF LENS	990.20*	1200.00	1250.00	1250.00		1031.50*			67
68 CHEST X-RAY - SINGLE VIEW	24.75*	24.75*	20.60*	30.90*		32.00			68
69 CHEST X-RAY - TWO VIEWS	30.90*	35.10*	20.60*	30.90*		33.00*			69
70 X-RAY SPINE						55.70*			70
71 X-RAY HIP						38.00			71
72 X-RAY UPPER GI TRACT	70.00	72.20*	59.80*	61.90*		72.20*			72
73 X-RAY COLON						72.20*			73
74 RADIATION THERAPY-LOW VOLT	4.10*	4.10*	4.10*	4.10*		4.10*			74
75 RADIATION THERAPY-SUPER VOLT	27.00	25.00	27.00	27.00		16.50*			75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD						440.00			77
78 CAT SCAN - ABDOMEN						490.00			78
79 THREE CHEMISTRY TESTS					30.00	30.00	30.00	30.00	79
80 NINETEEN CHEMISTRY TESTS					38.50	38.50	38.50	38.50	80
81 CULTURE - OTHER THAN BLOOD					16.00	16.00	16.00	16.00	81
82 HEMOGLOBIN					4.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					14.00	14.00	14.00	14.00	83
84 WHITE CELL COUNT					5.00L	5.00L	5.00L	5.00L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	10.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST					8.00L	8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					11.00	11.00	11.00	11.00	87
88 HEMATOCRIT					4.00L	4.00L	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)					10.00	10.00	10.00	10.00	89
90 POTASSIUM TEST - BLOOD					12.00	12.00	12.00	12.00	90
91 PROTHROMBIN TIME TEST					8.00L	8.00L	8.00L	8.00L	91
92 SEDIMENTATION RATE					7.00L	7.00L	7.00L	7.00L	92
93 BLOOD SUGAR					8.00L	8.00L	8.00L	8.00L	93
94 BUN-UREA - NITROGEN					9.50L	9.50L	9.50L	9.50L	94
95 URIC ACID					9.00L	9.00L	9.00L	9.00L	95
96 FECES-OCCULT BLOOD-SCREENING					7.00	7.00	7.00	7.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS					6.00L	6.00L	6.00L	6.00L	98
99 CHEMICAL URINALYSIS					8.00	8.00	8.00	8.00	99
100 PATHOLOGY - THREE SPECIMENS						118.00*			100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL						1262.60*			102
103 KIDNEY TRANSPLANT						1732.90*			103
104 HOSPITAL BED - RENTAL					50.00L	50.00L	50.00L	50.00L	104
105 WALKER - RENTAL					18.00	18.00	18.00	18.00	105
106 WHEELCHAIR - RENTAL					30.00L	30.00L	30.00L	30.00L	106
107 LIQUID OXYGEN - RENTAL					80.00	80.00	80.00	80.00	107
108 HOSPITAL BED - PURCHASE					500.00L	500.00L	500.00L	500.00L	108
109 WALKER - PURCHASE					61.20	61.20	61.20	61.20	109
110 WHEELCHAIR - PURCHASE					290.00L	290.00L	290.00L	290.00L	110

1984 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	10	11	12	13	10	11	12	13	
1 INITIAL BRIEF OFFICE VISIT					20.60*	30.90*			1
2 INITIAL LIMITED OFFICE VISIT	30.90*	40.00	40.00	24.75*	41.00	51.60*			2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT	41.30*	53.00	65.00	22.00	72.20*	72.20*			4
5 MINIMAL FOLLOWUP OFFICE VISIT									5
6 BRIEF FOLLOWUP OFFICE VISIT	10.30*	16.50*	15.50*	10.30*	14.40*	20.60*			6
7 LIMITED FOLLOWUP OFFICE VISIT	16.50*	20.60*	16.50*	14.40*	16.50*	28.90*			7
8 INTERMEDIATE F/U OFFICE VISIT	16.50*	20.00	14.40*	20.60*	30.90*	30.90*			8
9 EXTENDED F/U OFFICE VISIT	20.60*	30.90*	30.00	24.75*	50.00	30.90*			9
10 COMP FOLLOWUP OFFICE VISIT	47.40*	41.30*	35.00	42.00	51.60*	61.90*			10
11 BRIEF FOLLOWUP HOME VISIT	20.60*	30.90*	20.60*	20.60*	20.60*	30.90*	20.60*	20.60*	11
12 LIMITED FOLLOWUP HOME VISIT									12
13 INTERMDIATE F/U HOME VISIT	35.00	30.90*	35.00	35.00	35.00	30.90*	35.00	35.00	13
14 EXTENDED CARE FACILITY VISIT					20.00	35.00			14
15 BRIEF F/U NURSING HOME VISIT	15.00	20.60*	20.60*	20.60*	20.00	20.60*			15
16 INITIAL BRIEF HOSPITAL VISIT	35.00	51.60*	37.10*	30.90*	30.90*	72.20*			16
17 INIT INTERMED HOSPITAL VISIT					51.60*	99.00*			17
18 INITIAL COMP HOSPITAL VISIT	51.60*	61.90*	72.20*	51.60*	72.20*	115.50*			18
19 BRIEF FOLLOWUP HOSPITAL VISIT	10.30*	20.60*	14.40*	10.30*	15.50*	20.60*			19
20 LIMITED F/U HOSPITAL VISIT	24.75*	20.60*	20.60*	14.40*	20.60*	30.90*			20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT					41.30*	30.90*			22
23 BRIEF EMERGENCY ROOM VISIT					14.40*	20.60*			23
24 LIMITED EMERGENCY ROOM VISIT					20.60*	30.90*			24
25 INTERMED EMERGENCY ROOM VISIT					41.00	51.60*			25
26 LIMITED CONSULTATION	20.60*	61.90*	45.40*	43.30*	51.60*	61.90*			26
27 EXTENSIVE CONSULTATION					72.20*	72.20*			27
28 COMPREHENSIVE CONSULTATION					72.20*	103.20*			28
29 PSYCHOTHERAPY-ONE HOUR						72.20*			29
30 PSYCHOTHERAPY-HALF HOUR						30.00			30
31 CHIROPRACTIC OFFICE VISIT	12.40*	16.50*	14.40*	12.40*		16.50*			31
32 INITIAL PHYSIOTHERAPY					20.60*	20.60*	20.60*	20.60*	32
33 F/U PODIATRIC OFFICE VISIT					18.60*	18.60*	18.60*	18.60*	33
34 ELECTROCARDIOGRAM (EKG)	30.90*	35.00	30.90*	30.90*	35.00	35.00			34
35 EKG-INTERPRET AND REPORT ONLY	11.00	10.30*	15.00	15.00	10.30*	15.00*			35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					100.00	100.00	100.00	100.00	37
38 CHEMOTHERAPY					35.00	24.75*			38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					24.75*	30.00	24.75*	24.75*	40
41 SKIN BIOPSY					40.00	40.00	37.10*	37.10*	41
42 CHEMOCAUTERY					40.00	35.00	40.00	40.00	42
43 RADICAL MASTECTOMY					670.50*	1031.50*	804.60*	777.75*	43
44 OPEN REDUCTION OF FRACTURE						1155.30*			44
45 ARTHROCENTESIS-MAJOR JOINT	15.00	25.00	25.00	30.00		23.00			45
46 CORONARY ARTERY BYPASS						4951.20*			46
47 TOTAL ARTIFICIAL HIP REPLACE						3060.00			47
48 NEEDLE PUNCTURE OF BURSA					24.75*	20.60*	24.75*	24.75*	48
49 BRONCHOSCOPY					183.60*	257.90*	206.30*	179.50*	49
50 THORACENTESIS						47.40*			50
51 CATHERIZATION OF HEART						515.75*			51
52 INSERTION OF PACEMAKER					1217.20*	1567.90*	1237.80*	1196.50*	52
53 PARTIAL COLECTOMY					973.70*	1254.30*	990.20*	957.20*	53
54 APPENDECTOMY	500.00	500.00	500.00	486.90*	515.75*	577.60*	515.75*	412.60*	54
55 SIGMOIDOSCOPY					40.00	51.60*	37.10*	37.10*	55

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LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	10	11	12	13	10	11	12	13	
56 HEMORRHOIDECTOMY					398.20*	577.60*	412.60*	309.50*	56
57 CHOLECYSTECTOMY					722.10*	1031.50*	722.10*	825.20*	57
58 REPAIR HERNIA					412.60*	567.30*	515.75*	515.75*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	66.00*	75.00	74.30*	61.90*		72.20*			59
60 DILATION OF URETHRA						20.60*			60
61 PROSTATECTOMY - SUPRAPUBIC						1134.70*			61
62 ELECTROSECTION-PROSTATE (TUR)	1056.25*	1254.30*	1171.80*	973.70*		1031.50*			62
63 HYSTERECTOMY						1054.20*			63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM						40.00			65
66 EYE EXAM WITH TONOMETRY						20.60*			66
67 EXTRACTION OF LENS	1250.00	1250.00	1250.00	1217.20*		959.30*			67
68 CHEST X-RAY - SINGLE VIEW	18.00	30.90*	30.90*	25.80*		38.20*			68
69 CHEST X-RAY - TWO VIEWS	20.60*	40.00	37.10*	25.80*		38.20*			69
70 X-RAY SPINE						61.90*			70
71 X-RAY HIP						28.25			71
72 X-RAY UPPER GI TRACT	55.70*	72.20*	61.90*	74.30*		82.50*			72
73 X-RAY COLON						82.50*			73
74 RADIATION THERAPY-LOW VOLT	4.10*	5.00*	4.10*	4.10*		4.10*			74
75 RADIATION THERAPY-SUPER VOLT	27.00	20.00	27.00	27.00		22.70*			75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD						440.00			77
78 CAT SCAN - ABDOMEN						490.00			78
79 THREE CHEMISTRY TESTS					30.00	30.00	30.00	30.00	79
80 NINETEEN CHEMISTRY TESTS					38.50	38.50	38.50	38.50	80
81 CULTURE - OTHER THAN BLOOD					16.00	16.00	16.00	16.00	81
82 HEMOGLOBIN					4.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					14.00	14.00	14.00	14.00	83
84 WHITE CELL COUNT					5.00L	5.00L	5.00L	5.00L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	10.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST					8.00L	8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					11.00	11.00	11.00	11.00	87
88 HEMATOCRIT					4.00L	4.00L	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)					10.00	10.00	10.00	10.00	89
90 POTASSIUM TEST - BLOOD					12.00	12.00	12.00	12.00	90
91 PROTHROMBIN TIME TEST					8.00L	8.00L	8.00L	8.00L	91
92 SEDIMENTATION RATE					7.00L	7.00L	7.00L	7.00L	92
93 BLOOD SUGAR					8.00L	8.00L	8.00L	8.00L	93
94 BUN-UREA - NITROGEN					9.50L	9.50L	9.50L	9.50L	94
95 URIC ACID					9.00L	9.00L	9.00L	9.00L	95
96 FECES-OCULT BLOOD-SCREENING					7.00	7.00	7.00	7.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS					6.00L	6.00L	6.00L	6.00L	98
99 CHEMICAL URINALYSIS					8.00	8.00	8.00	8.00	99
100 PATHOLOGY - THREE SPECIMENS						68.00			100
101 ELEC MONITORING-PACEMAKER						30.00			101
102 DONOR NEPHRECTOMY-UNILATERAL						1460.60*			102
103 KIDNEY TRANSPLANT						1460.60*			103
104 HOSPITAL BED - RENTAL					50.00L	50.00L	50.00L	50.00L	104
105 WALKER - RENTAL					18.00	18.00	18.00	18.00	105
106 WHEELCHAIR - RENTAL					30.00L	30.00L	30.00L	30.00L	106
107 LIQUID OXYGEN - RENTAL					80.00	80.00	80.00	80.00	107
108 HOSPITAL BED - PURCHASE					500.00L	500.00L	500.00L	500.00L	108
109 WALKER - PURCHASE					61.20	61.20	61.20	61.20	109
110 WHEELCHAIR - PURCHASE					290.00L	290.00L	290.00L	290.00L	110

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LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	14	15	16	17	14	15	16	17	
1 INITIAL BRIEF OFFICE VISIT					25.00*	20.60*			1
2 INITIAL LIMITED OFFICE VISIT	33.40	35.00	30.90*	24.00	45.00	51.60*			2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT	40.00	61.90*	51.60*	32.00	61.90*	72.20*			4
5 MINIMAL FOLLOWUP OFFICE VISIT									5
6 BRIEF FOLLOWUP OFFICE VISIT	12.40*	14.40*	10.30*	12.40*	16.50*	24.75*			6
7 LIMITED FOLLOWUP OFFICE VISIT	20.00	20.00	12.40*	20.60*	16.50*	20.60*			7
8 INTERMEDIATE F/U OFFICE VISIT	20.60*	20.60*	16.50*	30.00	25.00	20.60*			8
9 EXTENDED F/U OFFICE VISIT	25.00	27.00	35.00	30.00	25.00*	41.30*			9
10 COMP FOLLOWUP OFFICE VISIT	30.00	33.00	40.00	42.00	51.60*	72.20*			10
11 BRIEF FOLLOWUP HOME VISIT	25.00	30.00	18.60*	20.60*	25.00	30.00	18.60*	20.60*	11
12 LIMITED FOLLOWUP HOME VISIT									12
13 INTERMEDIATE F/U HOME VISIT	35.00	35.00	30.90*	30.90*	35.00	35.00	30.90*	30.90*	13
14 EXTENDED CARE FACILITY VISIT					30.00	35.00			14
15 BRIEF F/U NURSING HOME VISIT	12.40*	16.50*	16.50*	16.50*	20.60*	24.75*			15
16 INITIAL BRIEF HOSPITAL VISIT	51.60*	47.40*	30.90*	51.60*	51.60*	51.60*			16
17 INIT INTERMED HOSPITAL VISIT					51.60*	82.50*			17
18 INITIAL COMP HOSPITAL VISIT	51.60*	75.00	50.00	51.60*	72.20*	103.20*			18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.60*	20.60*	16.50*	12.40*	20.60*	24.75*			19
20 LIMITED F/U HOSPITAL VISIT	24.75*	21.00*	20.60*	25.00	20.60*	25.00*			20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT					40.00	40.00			22
23 BRIEF EMERGENCY ROOM VISIT					16.50*	24.75*			23
24 LIMITED EMERGENCY ROOM VISIT					25.00*	20.60*			24
25 INTERMED EMERGENCY ROOM VISIT					45.00	51.60*			25
26 LIMITED CONSULTATION	41.30*	43.30*	30.90*	43.30*	61.90*	61.90*			26
27 EXTENSIVE CONSULTATION					72.20*	38.00			27
28 COMPREHENSIVE CONSULTATION					72.20*	82.50*			28
29 PSYCHOTHERAPY-ONE HOUR						82.50*			29
30 PSYCHOTHERAPY-HALF HOUR						30.90*			30
31 CHIROPRACTIC OFFICE VISIT	14.40*	16.50*	14.40*	14.40*	16.50*	16.50*			31
32 INITIAL PHYSIOTHERAPY					20.60*	20.60*	20.60*	20.60*	32
33 F/U PODIATRIC OFFICE VISIT					18.60*	18.60*	18.60*	18.60*	33
34 ELECTROCARDIOGRAM (EKG)	30.90*	30.90*	28.00	30.00	30.90*	36.10*			34
35 EKG-INTERPRET AND REPORT ONLY	10.30*	12.00	16.50*	15.00	10.00	17.00			35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					100.00	100.00	100.00	100.00	37
38 CHEMOTHERAPY					24.75*	28.00			38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					28.90*	26.80*	22.70*	22.70*	40
41 SKIN BIOPSY					40.00	40.00	40.00	33.00*	41
42 CHEMOCAUTERY					40.00	40.00	40.00	40.00	42
43 RADICAL MASTECTOMY					938.70*	872.60*	711.70*	711.70*	43
44 OPEN REDUCTION OF FRACTURE					1089.30*				44
45 ARTHROCENTESIS-MAJOR JOINT	30.90*	30.00	15.00	20.60*	38.00				45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					3060.00				47
48 NEEDLE PUNCTURE OF BURSA					28.90*	26.80*	22.70*	22.70*	48
49 BRONCHOSCOPY					300.00	202.20*	206.30*	206.30*	49
50 THORACENTESIS									50
51 CATHETERIZATION OF HEART									51
52 INSERTION OF PACEMAKER					1444.10*	1341.00*	825.20*	1093.40*	52
53 PARTIAL COLECTOMY					1155.30*	1072.80*	874.70*	874.70*	53
54 APPENDECTOMY	412.60*	500.00	412.60*	412.60*	618.90*	618.90*	412.60*	464.20*	54
55 SIGMOIDOSCOPY					43.30*	72.20*	33.00*	33.00*	55

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LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	14	15	16	17	14	15	16	17	
56 HEMORRHOIDECTOMY					515.75*	402.30*	412.60*	309.50*	56
57 CHOLECYSTECTOMY					928.40*	876.80*	618.90*	722.10*	57
58 REPAIR HERNIA					515.75*	618.90*	412.60*	412.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	66.00*	66.00*	55.70*	55.70*					59
60 DILATION OF URETHRA									60
61 PROSTATECTOMY - SUPRAPUBIC									61
62 ELECTROSECTION-PROSTATE (TUR)	1056.25*	1056.25*	874.70*	891.20*					62
63 HYSTERECTOMY					880.90*	996.40*			63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM					40.00				65
66 EYE EXAM WITH TONOMETRY					14.00				66
67 EXTRACTION OF LENS	1250.00	1250.00	1093.40*	1114.00*	825.20*				67
68 CHEST X-RAY - SINGLE VIEW	24.75*	30.90*	25.00	30.00					68
69 CHEST X-RAY - TWO VIEWS	33.00*	37.10*	25.00	30.00					69
70 X-RAY SPINE									70
71 X-RAY HIP									71
72 X-RAY UPPER GI TRACT	72.20*	74.30*	76.00	72.20*					72
73 X-RAY COLON									73
74 RADIATION THERAPY-LOW VOLT	4.10*	4.10*	4.10*	4.10*					74
75 RADIATION THERAPY-SUPER VOLT	27.00	27.00	27.00	27.00					75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD									77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS					30.00	30.00	30.00	30.00	79
80 NINETEEN CHEMISTRY TESTS					38.50	38.50	38.50	38.50	80
81 CULTURE - OTHER THAN BLOOD					16.00	16.00	16.00	16.00	81
82 HEMOGLOBIN					4.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					14.00	14.00	14.00	14.00	83
84 WHITE CELL COUNT					5.00L	5.00L	5.00L	5.00L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	10.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST					8.00L	8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					11.00	11.00	11.00	11.00	87
88 HEMATOCRIT					4.00L	4.00L	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)					10.00	10.00	10.00	10.00	89
90 POTASSIUM TEST - BLOOD					12.00	12.00	12.00	12.00	90
91 PROTHROMBIN TIME TEST					8.00L	8.00L	8.00L	8.00L	91
92 SEDIMENTATION RATE					7.00L	7.00L	7.00L	7.00L	92
93 BLOOD SUGAR					8.00L	8.00L	8.00L	8.00L	93
94 BUN-UREA - NITROGEN					9.50L	9.50L	9.50L	9.50L	94
95 URIC ACID					9.00L	9.00L	9.00L	9.00L	95
96 FECES-OCCULT BLOOD-SCREENING					7.00	7.00	7.00	7.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS					6.00L	6.00L	6.00L	6.00L	98
99 CHEMICAL URINALYSIS					8.00	8.00	8.00	8.00	99
100 PATHOLOGY - THREE SPECIMENS									100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					50.00L	50.00L	50.00L	50.00L	104
105 WALKER - RENTAL					18.00	18.00	18.00	18.00	105
106 WHEELCHAIR - RENTAL					30.00L	30.00L	30.00L	30.00L	106
107 LIQUID OXYGEN - RENTAL					80.00	80.00	80.00	80.00	107
108 HOSPITAL BED - PURCHASE					500.00L	500.00L	500.00L	500.00L	108
109 WALKER - PURCHASE					61.20	61.20	61.20	61.20	109
110 WHEELCHAIR - PURCHASE					290.00L	290.00L	290.00L	290.00L	110

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LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	18	19	20	21	18	19	20	21	
1 INITIAL BRIEF OFFICE VISIT					30.90*	14.40*	30.90*	24.75*	1
2 INITIAL LIMITED OFFICE VISIT	30.90*	25.00	35.00	38.00	51.60*	51.60*	30.00	51.60*	2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT	51.60*	35.00	45.00	51.60*	72.20*	51.60*	75.00	72.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT									5
6 BRIEF FOLLOWUP OFFICE VISIT	14.40*	10.30*	14.40*	14.40*	20.60*	16.50*	20.60*	20.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.60*	12.40*	16.50*	15.50*	30.90*	14.40*	20.60*	20.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	24.75*	12.40*	16.50*	22.70*	30.90*	20.60*	20.60*	30.90*	8
9 EXTENDED F/U OFFICE VISIT	25.00	20.00	25.00	20.00	50.00	20.00	50.00	41.30*	9
10 COMP FOLLOWUP OFFICE VISIT	51.60*	40.00	50.00*	30.90*	72.20*	30.90*	35.00	61.90*	10
11 BRIEF FOLLOWUP HOME VISIT	30.90*	20.60*	24.75*	20.60*	30.90*	20.60*	24.75*	20.60*	11
12 LIMITED FOLLOWUP HOME VISIT									12
13 INTERMEDIATE F/U HOME VISIT	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	13
14 EXTENDED CARE FACILITY VISIT					35.00	26.80*	35.10*	35.00	14
15 BRIEF F/U NURSING HOME VISIT	20.60*	14.40*	22.00	20.60*	20.60*	14.40*	20.60*	20.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	51.60*	41.30*	51.60*	41.30*	61.90*	51.60*	51.60*	72.20*	16
17 INIT INTERMED HOSPITAL VISIT					72.20*	51.60*	61.90*	61.90*	17
18 INITIAL COMP HOSPITAL VISIT	61.90*	51.60*	51.60*	51.60*	72.20*	51.60*	72.20*	72.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.60*	15.00*	20.60*	12.40*	20.60*	10.30*	20.60*	20.60*	19
20 LIMITED F/U HOSPITAL VISIT	24.75*	20.60*	20.60*	20.60*	30.90*	30.00	24.75*	20.60*	20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT					40.00	39.20*	25.00	60.00	22
23 BRIEF EMERGENCY ROOM VISIT					20.60*	16.50*	20.60*	20.60*	23
24 LIMITED EMERGENCY ROOM VISIT					30.90*	14.40*	30.90*	24.75*	24
25 INTERMED EMERGENCY ROOM VISIT					51.60*	51.60*	30.00	51.60*	25
26 LIMITED CONSULTATION	41.30*	20.00	28.90*	51.60*	61.90*	51.60*	72.20*	61.90*	26
27 EXTENSIVE CONSULTATION					72.20*	51.60*	72.20*	61.90*	27
28 COMPREHENSIVE CONSULTATION					103.20*	51.60*	82.50*	72.20*	28
29 PSYCHOTHERAPY-ONE HOUR					46.00*				29
30 PSYCHOTHERAPY-HALF HOUR					41.30*				30
31 CHIROPRACTIC OFFICE VISIT	16.50*	14.40*	16.50*	14.40*	16.50*		16.50*	16.50*	31
32 INITIAL PHYSIOTHERAPY					20.60*	20.60*	20.60*	20.60*	32
33 F/U PODIATRIC OFFICE VISIT					18.60*	18.60*	18.60*	18.60*	33
34 ELECTROCARDIOGRAM (EKG)	30.90*	30.90*	30.90*	33.00*	38.00	35.00	30.00	33.00*	34
35 EKG-INTERPRET AND REPORT ONLY	13.00*	10.00	10.00	15.00	15.00	18.60*	20.00	20.00	35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					100.00	100.00	100.00	100.00	37
38 CHEMOTHERAPY					40.00	25.00	10.00	15.00	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					30.00	24.75*	28.90*	24.75*	40
41 SKIN BIOPSY					30.00	20.60*	40.00	40.00	41
42 CHEMOCAUTERY					40.00	40.00	40.00	25.00	42
43 RADICAL MASTECTOMY					1237.80*	750.90*	885.00*	792.20*	43
44 OPEN REDUCTION OF FRACTURE					1031.50*		990.20*		44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	30.90*	30.00	17.00	30.00		25.00		45
46 CORONARY ARTERY BYPASS					4800.00				46
47 TOTAL ARTIFICIAL HIP REPLACE					3000.00		3026.00		47
48 NEEDLE PUNCTURE OF BURSA					33.00*	24.75*	30.90*	24.75*	48
49 BRONCHOSCOPY					257.90*	173.30*	154.70*	183.60*	49
50 THORACENTESIS					45.40*				50
51 CATHETERIZATION OF HEART					567.30*				51
52 INSERTION OF PACEMAKER					2063.00*	1155.30*	773.60*	1217.20*	52
53 PARTIAL COLECTOMY					1270.80*	924.20*	1089.30*	973.70*	53
54 APPENDECTOMY	500.00	412.60*	500.00	433.20*	618.90*	515.75*	515.75*	515.75*	54
55 SIGMOIDOSCOPY					61.90*	35.10*	41.30*	37.10*	55

1984 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	18	19	20	21	18	19	20	21	
56 HEMORRHOIDECTOMY					567.30*	361.00*	412.60*	515.75*	56
57 CHOLECYSTECTOMY					1031.50*	773.60*	928.40*	670.50*	57
58 REPAIR HERNIA					618.90*	464.20*	515.75*	464.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	72.20*	59.80*	70.10*	72.20*	72.20*				59
60 DILATION OF URETHRA					27.00*				60
61 PROSTATECTOMY - SUPRAPUBIC					1031.50*				61
62 ELECTROSECTION-PROSTATE (TUR)	1138.80*	957.20*	1122.30*	957.20*	1031.50*				62
63 HYSTERECTOMY					1112.00*		1083.10*	924.20*	63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM					50.00			40.00	65
66 EYE EXAM WITH TONOMETRY					20.60*			12.00	66
67 EXTRACTION OF LENS	1031.50*	1196.50*	1250.00	1196.50*	1031.50*			825.20*	67
68 CHEST X-RAY - SINGLE VIEW	30.90*	26.00	30.90*	25.80*	16.50*				68
69 CHEST X-RAY - TWO VIEWS	30.90*	38.00	40.00	30.90*	35.10*				69
70 X-RAY SPINE					61.90*				70
71 X-RAY HIP					33.00*				71
72 X-RAY UPPER GI TRACT	72.20*	76.00	76.00	72.20*	72.20*				72
73 X-RAY COLON					72.20*				73
74 RADIATION THERAPY-LOW VOLT	5.00*	4.10*	4.10*	4.10*	4.10*				74
75 RADIATION THERAPY-SUPER VOLT	20.60*	27.00	27.00	27.00	18.60*				75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					440.00				77
78 CAT SCAN - ABDOMEN					490.00				78
79 THREE CHEMISTRY TESTS					30.00	30.00	30.00	30.00	79
80 NINETEEN CHEMISTRY TESTS					38.50	38.50	38.50	38.50	80
81 CULTURE - OTHER THAN BLOOD					16.00	16.00	16.00	16.00	81
82 HEMOGLOBIN					4.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					14.00	14.00	14.00	14.00	83
84 WHITE CELL COUNT					5.00L	5.00L	5.00L	5.00L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	10.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST					8.00L	8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					11.00	11.00	11.00	11.00	87
88 HEMATOCRIT					4.00L	4.00L	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)					10.00	10.00	10.00	10.00	89
90 POTASSIUM TEST - BLOOD					12.00	12.00	12.00	12.00	90
91 PROTHROMBIN TIME TEST					8.00L	8.00L	8.00L	8.00L	91
92 SEDIMENTATION RATE					7.00L	7.00L	7.00L	7.00L	92
93 BLOOD SUGAR					8.00L	8.00L	8.00L	8.00L	93
94 BUN-UREA - NITROGEN					9.50L	9.50L	9.50L	9.50L	94
95 URIC ACID					9.00L	9.00L	9.00L	9.00L	95
96 FECES-OCCULT BLOOD-SCREENING					7.00	7.00	7.00	7.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS					6.00L	6.00L	6.00L	6.00L	98
99 CHEMICAL URINALYSIS					8.00	8.00	8.00	8.00	99
100 PATHOLOGY - THREE SPECIMENS					65.00				100
101 ELEC MONITORING-PACEMAKER					30.00				101
102 DONOR NEPHRECTOMY-UNILATERAL					1485.40*				102
103 KIDNEY TRANSPLANT					1485.40*				103
104 HOSPITAL BED - RENTAL					50.00L	50.00L	50.00L	50.00L	104
105 WALKER - RENTAL					18.00	18.00	18.00	18.00	105
106 WHEELCHAIR - RENTAL					30.00L	30.00L	30.00L	30.00L	106
107 LIQUID OXYGEN - RENTAL					80.00	80.00	80.00	80.00	107
108 HOSPITAL BED - PURCHASE					500.00L	500.00L	500.00L	500.00L	108
109 WALKER - PURCHASE					61.20	61.20	61.20	61.20	109
110 WHEELCHAIR - PURCHASE					290.00L	290.00L	290.00L	290.00L	110

1984 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	22	23	24	25	22	23	24	25
1 INITIAL BRIEF OFFICE VISIT					22.00		25.00*	1
2 INITIAL LIMITED OFFICE VISIT	30.90*	31.00	25.00	25.00*	30.00		51.60*	2
3 INITIAL INTERMED OFFICE VISIT								3
4 INITIAL COMP OFFICE VISIT	60.00	45.00	40.00	58.00	50.00		61.90*	4
5 MINIMAL FOLLOWUP OFFICE VISIT								5
6 BRIEF FOLLOWUP OFFICE VISIT	10.30*	14.40*	14.40*	12.40*	12.40*		20.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	16.50*	12.40*	20.60*	16.50*	20.60*		20.60*	7
8 INTERMED F/U OFFICE VISIT	20.60*	12.40*	20.60*	20.60*	20.60*		20.60*	8
9 EXTENDED F/U OFFICE VISIT	25.00	30.00	30.90*	30.00	25.00		25.00*	9
10 COMP FOLLOWUP OFFICE VISIT	42.00	42.00	41.30*	42.00	40.00		51.60*	10
11 BRIEF FOLLOWUP HOME VISIT	14.40*	30.00	30.90*	20.00	14.40*	30.00	30.90*	11
12 LIMITED FOLLOWUP HOME VISIT								12
13 INTERMDIATE F/U HOME VISIT	35.00	35.00	30.90*	35.00	35.00	35.00	30.90*	13
14 EXTENDED CARE FACILITY VISIT					17.00		35.10*	14
15 BRIEF F/U NURSING HOME VISIT	12.40*	20.60*	20.60*	15.00	12.40*		20.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	30.90*	51.60*	41.30*	51.60*	30.90*		51.60*	16
17 INIT INTERMED HOSPITAL VISIT					51.60*		72.20*	17
18 INITIAL COMP HOSPITAL VISIT	50.00	51.60*	72.20*	72.20*	70.00		82.50*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.50*	12.40*	20.60*	12.40*	12.40*		20.60*	19
20 LIMITED F/U HOSPITAL VISIT	20.60*	30.00	20.60*	30.90*	20.60*		30.90*	20
21 INTERMED F/U HOSPITAL VISIT								21
22 EXTENDED F/U HOSPITAL VISIT					38.00		41.30*	22
23 BRIEF EMERGENCY ROOM VISIT					12.40*		20.60*	23
24 LIMITED EMERGENCY ROOM VISIT					22.00		25.00*	24
25 INTERMED EMERGENCY ROOM VISIT					30.00		51.60*	25
26 LIMITED CONSULTATION	30.90*	30.90*	65.00	18.60*	40.00		61.90*	26
27 EXTENSIVE CONSULTATION					50.00		61.90*	27
28 COMPREHENSIVE CONSULTATION					75.00		82.50*	28
29 PSYCHOTHERAPY-ONE HOUR								29
30 PSYCHOTHERAPY-HALF HOUR								30
31 CHIROPRACTIC OFFICE VISIT	14.40*	14.40*	14.40*	14.40*	16.00		16.50*	31
32 INITIAL PHYSIOTHERAPY					20.60*	20.60*	20.60*	32
33 F/U PODIATRIC OFFICE VISIT					18.60*	18.60*	18.60*	33
34 ELECTROCARDIOGRAM (EKG)	25.00	30.00	35.00	35.00	32.00		35.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.00	15.00	15.00	15.00	10.30*		18.60*	35
36 SPIROMETRY					35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					100.00	100.00	100.00	37
38 CHEMOTHERAPY					26.50		20.00	38
39 COLLECTION OF SPECIMENS								39
40 DEBRIDEMENT OF NAILS					26.80*		26.80*	40
41 SKIN BIOPSY					40.00		40.00	41
42 CHEMOCAUTERY					40.00		40.00	42
43 RADICAL MASTECTOMY					872.60*		1303.80*	43
44 OPEN REDUCTION OF FRACTURE							825.20*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	20.60*	30.90*	25.00			40.00	45
46 CORONARY ARTERY BYPASS								46
47 TOTAL ARTIFICIAL HIP REPLACE							2300.00	47
48 NEEDLE PUNCTURE OF BURSA					26.80*		26.80*	48
49 BRONCHOSCOPY					257.90*		198.00*	49
50 THORACENTESIS								50
51 CATHETERIZATION OF HEART								51
52 INSERTION OF PACEMAKER					1341.00*		1320.30*	52
53 PARTIAL COLECTOMY					1072.80*		1056.25*	53
54 APPENDECTOMY	495.10*	495.10*	500.00	412.60*	412.60*		515.75*	54
55 SIGMOIDOSCOPY					50.00		51.60*	55

1984 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.					TEXAS				
LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST				
PROCEDURE DESCRIPTION	22	23	24	25	22	23	24	25	
56 HEMORRHOIDECTOMY					412.60*		515.75*		56
57 CHOLECYSTECTOMY					722.10*		722.10*		57
58 REPAIR HERNIA					412.60*		515.75*		58
59 DIAGNOSTIC CYSTOURETHROSCOPY	61.90*	61.90*	68.10*	66.00*					59
60 DILATION OF URETHRA									60
61 PROSTATECTOMY - SUPRAPUBIC									61
62 ELECTROSECTION-PROSTATE (TUR)	990.20*	990.20*	1072.80*	1039.75*					62
63 HYSTERECTOMY							1097.50*		63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM							41.30*		65
66 EYE EXAM WITH TONOMETRY							20.00		66
67 EXTRACTION OF LENS	1237.80*	1237.80*	1250.00	1250.00			1031.50*		67
68 CHEST X-RAY - SINGLE VIEW	16.00	24.75*	35.00	30.00					68
69 CHEST X-RAY - TWO VIEWS	30.90*	37.10*	36.10*	30.90*					69
70 X-RAY SPINE									70
71 X-RAY HIP									71
72 X-RAY UPPER GI TRACT	40.00	74.30*	72.20*	72.20*					72
73 X-RAY COLON									73
74 RADIATION THERAPY-LOW VOLT	4.10*	4.10*	4.10*	4.10*					74
75 RADIATION THERAPY-SUPER VOLT	27.00	27.00	18.60*	27.00					75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD									77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS					30.00	30.00	30.00	30.00	79
80 NINETEEN CHEMISTRY TESTS					38.50	38.50	38.50	38.50	80
81 CULTURE - OTHER THAN BLOOD					16.00	16.00	16.00	16.00	81
82 HEMOGLOBIN					4.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					14.00	14.00	14.00	14.00	83
84 WHITE CELL COUNT					5.00L	5.00L	5.00L	5.00L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	10.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST					8.00L	8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					11.00	11.00	11.00	11.00	87
88 HEMATOCRIT					4.00L	4.00L	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)					10.00	10.00	10.00	10.00	89
90 POTASSIUM TEST - BLOOD					12.00	12.00	12.00	12.00	90
91 PROTHROMBIN TIME TEST					8.00L	8.00L	8.00L	8.00L	91
92 SEDIMENTATION RATE					7.00L	7.00L	7.00L	7.00L	92
93 BLOOD SUGAR					8.00L	8.00L	8.00L	8.00L	93
94 BUN-UREA - NITROGEN					9.50L	9.50L	9.50L	9.50L	94
95 URIC ACID					9.00L	9.00L	9.00L	9.00L	95
96 FECES-OCCULT BLOOD-SCREENING					7.00	7.00	7.00	7.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS					6.00L	6.00L	6.00L	6.00L	98
99 CHEMICAL URINALYSIS					8.00	8.00	8.00	8.00	99
100 PATHOLOGY - THREE SPECIMENS									100
101 ELEC MONITORING-PACEMAKER									101
102 OONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					50.00L	50.00L	50.00L	50.00L	104
105 WALKER - RENTAL					18.00	18.00	18.00	18.00	105
106 WHEELCHAIR - RENTAL					30.00L	30.00L	30.00L	30.00L	106
107 LIQUID OXYGEN - RENTAL					80.00	80.00	80.00	80.00	107
108 HOSPITAL BED - PURCHASE					500.00L	500.00L	500.00L	500.00L	108
109 WALKER - PURCHASE					61.20	61.20	61.20	61.20	109
110 WHEELCHAIR - PURCHASE					290.00L	290.00L	290.00L	290.00L	110

1984 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	26	27	28	29	26	27	28	29	
1 INITIAL BRIEF OFFICE VISIT					21.90*	25.00*	20.60*	30.90*	1
2 INITIAL LIMITED OFFICE VISIT	20.00	35.00	25.00	28.00	50.00	50.00	50.00	41.30*	2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT	30.00	46.00	45.00	42.00	72.20*	72.20*	61.90*	51.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT									5
6 BRIEF FOLLOWUP OFFICE VISIT	12.40*	12.40*	12.40*	10.30*	20.60*	20.60*	20.60*	14.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	16.50*	20.60*	20.60*	18.00	14.40*	20.60*	20.60*	20.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	20.60*	20.00*	20.60*	17.50	30.00*	20.60*	20.60*	30.90*	8
9 EXTENDED F/U OFFICE VISIT	30.00	50.00	25.00	30.00	41.30*	40.00*	20.60*	40.00	9
10 COMP FOLLOWUP OFFICE VISIT	50.00	51.60*	30.90*	40.00	51.60*	68.00	41.30*	41.30*	10
11 BRIEF FOLLOWUP HOME VISIT	20.60*	30.90*	24.75*	20.00	20.60*	30.90*	24.75*	20.00	11
12 LIMITED FOLLOWUP HOME VISIT									12
13 INTERMEDIATE F/U HOME VISIT	35.00	35.00	30.90*	35.00	35.00	35.00	30.90*	35.00	13
14 EXTENDED CARE FACILITY VISIT					28.90*	35.00	25.00	30.90*	14
15 BRIEF F/U NURSING HOME VISIT	15.00	20.60*	20.60*	14.40*	14.40*	15.50*	20.60*	14.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	30.90*	51.60*	39.20*	33.00*	51.60*	51.60*	51.60*	51.60*	16
17 INIT INTERMED HOSPITAL VISIT					51.60*	72.20*	72.20*	51.60*	17
18 INITIAL COMP HOSPITAL VISIT	55.00	61.90*	51.60*	51.60*	72.20*	72.20*	82.50*	51.60*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.50*	20.60*	20.60*	16.50*	14.40*	20.60*	20.60*	20.60*	19
20 LIMITED F/U HOSPITAL VISIT	20.00	20.60*	20.60*	20.00*	20.60*	30.00	30.00	20.60*	20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT					20.60*	41.30*	30.90*	40.00	22
23 BRIEF EMERGENCY ROOM VISIT					20.60*	20.60*	20.60*	14.40*	23
24 LIMITED EMERGENCY ROOM VISIT					21.90*	25.00*	20.60*	30.90*	24
25 INTERMED EMERGENCY ROOM VISIT					50.00	50.00	50.00	41.30*	25
26 LIMITED CONSULTATION	20.60*	35.00*	35.00*	49.50*	61.90*	51.60*	51.60*	51.60*	26
27 EXTENSIVE CONSULTATION					72.20*	72.20*	72.20*	51.60*	27
28 COMPREHENSIVE CONSULTATION					72.20*	75.00*	103.20*	72.20*	28
29 PSYCHOTHERAPY-ONE HOUR							41.30*		29
30 PSYCHOTHERAPY-HALF HOUR							41.30*		30
31 CHIROPRACTIC OFFICE VISIT	14.40*	16.50*	16.50*	12.40*	16.00		16.50*		31
32 INITIAL PHYSIOTHERAPY					20.60*	20.60*	20.60*	20.60*	32
33 F/U PODIATRIC OFFICE VISIT					18.60*	18.60*	18.60*	18.60*	33
34 ELECTROCARDIOGRAM (EKG)	30.00	27.00	30.90*	30.00	30.00	34.00	30.00	30.90*	34
35 EKG-INTERPRET AND REPORT ONLY	15.00	10.00	25.00	15.00	20.00	16.00	10.30*	20.00	35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					100.00	100.00	100.00	100.00	37
38 CHEMOTHERAPY					30.00	20.00	41.30*	30.00*	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					24.75*	26.80*	28.90*	24.75*	40
41 SKIN BIOPSY					37.10*	40.00	30.90*	30.90*	41
42 CHEMOCAUTERY					40.00	40.00	40.00	40.00	42
43 RADICAL MASTECTOMY					765.40*	800.00	928.40*	792.20*	43
44 OPEN REDUCTION OF FRACTURE							825.20*		44
45 ARTHROCENTESIS-MAJOR JOINT	15.00	20.60*	26.80*	15.00			20.60*		45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE							2500.00		47
48 NEEDLE PUNCTURE OF BURSA					24.75*	26.80*	28.90*	24.75*	48
49 BRONCHOSCOPY					177.40*	206.30*	210.40*	183.60*	49
50 THORACENTESIS									50
51 CATHETERIZATION OF HEART									51
52 INSERTION OF PACEMAKER					1175.90*	1258.40*	1402.80*	1217.20*	52
53 PARTIAL COLECTOMY					940.70*	1000.00	1122.30*	973.70*	53
54 APPENDECTOMY	412.60*	412.60*	464.20*	412.60*	618.90*	464.20*	515.75*	618.90*	54
55 SIGMOIDOSCOPY					51.60*	39.20*	50.00	37.10*	55

1984 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV. LOCALITY DESIGNATION FOR GENERAL PRACTICE					TEXAS LOCALITY DESIGNATION FOR SPECIALIST				
PROCEDURE DESCRIPTION	26	27	28	29	26	27	28	29	
56 HEMORRHOIDECTOMY					464.20*	309.50*	515.75*	464.20*	56
57 CHOLECYSTECTOMY					722.10*	722.10*	825.20*	773.60*	57
58 REPAIR HERNIA					464.20*	464.20*	515.75*	464.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	55.70*	55.70*	68.10*	57.80*			66.00*		59
60 DILATION OF URETHRA							20.60*		60
61 PROSTATECTOMY - SUPRAPUBIC							1031.50*		61
62 ELECTROSECTION-PROSTATE (TUR)	874.70*	874.70*	1089.30*	907.70*			1031.50*		62
63 HYSTERECTOMY							1025.30*		63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM							41.30*		65
66 EYE EXAM WITH TONOMETRY							20.60*		66
67 EXTRACTION OF LENS	1093.40*	1093.40*	1000.00	1134.70*			1000.00		67
68 CHEST X-RAY - SINGLE VIEW	30.00	25.00	25.80*	24.75*			25.80*		68
69 CHEST X-RAY - TWO VIEWS	30.90*	30.90*	33.00*	30.00			33.00*		69
70 X-RAY SPINE							72.20*		70
71 X-RAY HIP							41.00		71
72 X-RAY UPPER GI TRACT	76.00	64.50	72.00	61.90*			82.00		72
73 X-RAY COLON							82.50*		73
74 RADIATION THERAPY-LOW VOLT	4.10*	4.10*	4.10*	4.10*			22.70*		74
75 RADIATION THERAPY-SUPER VOLT	27.00	18.60*	22.70*	27.00			18.60*		75
76 RADIATION THERAPY-MEGAVOLT							20.60*		76
77 CAT SCAN - HEAD							440.00		77
78 CAT SCAN - ABDOMEN							490.00		78
79 THREE CHEMISTRY TESTS					30.00	30.00	30.00	30.00	79
80 NINETEEN CHEMISTRY TESTS					38.50	38.50	38.50	38.50	80
81 CULTURE - OTHER THAN BLOOD					16.00	16.00	16.00	16.00	81
82 HEMOGLOBIN					4.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					14.00	14.00	14.00	14.00	83
84 WHITE CELL COUNT					5.00L	5.00L	5.00L	5.00L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	10.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST					8.00L	8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					11.00	11.00	11.00	11.00	87
88 HEMATOCRIT					4.00L	4.00L	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)					10.00	10.00	10.00	10.00	89
90 POTASSIUM TEST - BLOOD					12.00	12.00	12.00	12.00	90
91 PROTHROMBIN TIME TEST					8.00L	8.00L	8.00L	8.00L	91
92 SEDIMENTATION RATE					7.00L	7.00L	7.00L	7.00L	92
93 BLOOD SUGAR					8.00L	8.00L	8.00L	8.00L	93
94 BUN-UREA - NITROGEN					9.50L	9.50L	9.50L	9.50L	94
95 URIC ACID					9.00L	9.00L	9.00L	9.00L	95
96 FECES-OCCULT BLOOD-SCREENING					7.00	7.00	7.00	7.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS					6.00L	6.00L	6.00L	6.00L	98
99 CHEMICAL URINALYSIS					8.00	8.00	8.00	8.00	99
100 PATHOLOGY - THREE SPECIMENS									100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL							1361.60*		102
103 KIDNEY TRANSPLANT							1361.60*		103
104 HOSPITAL BED - RENTAL					50.00L	50.00L	50.00L	50.00L	104
105 WALKER - RENTAL					18.00	18.00	18.00	18.00	105
106 WHEELCHAIR - RENTAL					30.00L	30.00L	30.00L	30.00L	106
107 LIQUID OXYGEN - RENTAL					80.00	80.00	80.00	80.00	107
108 HOSPITAL BED - PURCHASE					500.00L	500.00L		500.00L	108
109 WALKER - PURCHASE					61.20	61.20	61.20	61.20	109
110 WHEELCHAIR - PURCHASE					290.00L	290.00L	290.00L	290.00L	110

1984 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	30	31	32	33	30	31	32	33	
1 INITIAL BRIEF OFFICE VISIT					35.00*	25.00*			1
2 INITIAL LIMITED OFFICE VISIT		37.00		40.00	51.60*	61.90*			2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT		55.00		35.00	72.20*	82.50*			4
5 MINIMAL FOLLOWUP OFFICE VISIT									5
6 BRIEF FOLLOWUP OFFICE VISIT		14.40*		10.30*	16.50*	18.60*			6
7 LIMITED FOLLOWUP OFFICE VISIT		20.60*		10.30*	20.60*	20.60*			7
8 INTERMEDIATE F/U OFFICE VISIT		20.60*		20.60*	20.60*	25.00*			8
9 EXTENDED F/U OFFICE VISIT		30.90*		30.00	51.60*	30.50*			9
10 COMP FOLLOWUP OFFICE VISIT		28.90*		42.00	41.30*	61.90*			10
11 BRIEF FOLLOWUP HOME VISIT		24.75*		30.00		24.75*		30.00	11
12 LIMITED FOLLOWUP HOME VISIT									12
13 INTERMDIATE F/U HOME VISIT		35.00		35.00		35.00		35.00	13
14 EXTENDED CARE FACILITY VISIT					28.90*	25.00			14
15 BRIEF F/U NURSING HOME VISIT		20.60*		10.30*	16.50*	24.75*			15
16 INITIAL BRIEF HOSPITAL VISIT		51.60*		41.30*	30.90*	51.60*			16
17 INIT INTERMED HOSPITAL VISIT					41.30*	72.20*			17
18 INITIAL COMP HOSPITAL VISIT		72.20*		51.60*	92.80*	82.50*			18
19 BRIEF FOLLOWUP HOSPITAL VISIT		20.60*		20.60*	14.40*	20.60*			19
20 LIMITED F/U HOSPITAL VISIT		20.60*		20.60*	20.60*	24.75*			20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT					41.30*	20.60*			22
23 BRIEF EMERGENCY ROOM VISIT					16.50*	18.60*			23
24 LIMITED EMERGENCY ROOM VISIT					35.00*	25.00*			24
25 INTERMED EMERGENCY ROOM VISIT					51.60*	61.90*			25
26 LIMITED CONSULTATION		43.30*		43.30*	60.00	51.60*			26
27 EXTENSIVE CONSULTATION					72.20*	61.90*			27
28 COMPREHENSIVE CONSULTATION					92.80*	103.20*			28
29 PSYCHOTHERAPY-ONE HOUR						41.30*			29
30 PSYCHOTHERAPY-HALF HOUR						30.90*			30
31 CHIROPRACTIC OFFICE VISIT		16.50*		14.40*		16.50*			31
32 INITIAL PHYSIOTHERAPY					20.60*	20.60*	20.60*	20.60*	32
33 F/U PODIATRIC OFFICE VISIT					18.60*	18.60*	18.60*	18.60*	33
34 ELECTROCARDIOGRAM (EKG)		30.90*		35.00	30.00	30.90*			34
35 EKG-INTERPRET AND REPORT ONLY		10.30*		15.00	20.00	20.00			35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					100.00	100.00	100.00	100.00	37
38 CHEMOTHERAPY					30.00	20.60*			38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS						28.90*	24.75*		40
41 SKIN BIOPSY						40.00	37.10*		41
42 CHEMOCAUTERY						40.00	40.00		42
43 RADICAL MASTECTOMY						1031.50*	777.75*		43
44 OPEN REDUCTION OF FRACTURE						1019.10*			44
45 ARTHROCENTESIS-MAJOR JOINT		20.60*		25.00		22.70*			45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE						2840.00			47
48 NEEDLE PUNCTURE OF BURSA						28.90*	24.75*		48
49 BRONCHOSCOPY						210.40*	206.30*		49
50 THORACENTESIS									50
51 CATHETERIZATION OF HEART									51
52 INSERTION OF PACEMAKER						1402.80*	1850.00		52
53 PARTIAL COLECTOMY						1122.30*	957.20*		53
54 APPENDECTOMY		361.00*		453.90*		515.75*	464.20*		54
55 SIGMOIDOSCOPY						51.60*	51.60*		55

1984 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	30	31	32	33	30	31	32	33	
56 HEMORRHOIDECTOMY						515.75*	618.90*		56
57 CHOLECYSTECTOMY						825.20*	825.20*		57
58 REPAIR HERNIA						618.90*	536.40*		58
59 DIAGNOSTIC CYSTOURETHROSCOPY		51.60*		57.80*					59
60 DILATION OF URETHRA									60
61 PROSTATECTOMY - SUPRAPUBIC									61
62 ELECTROSECTION-PROSTATE (TUR)		825.20*		907.70*					62
63 HYSTERECTOMY						1068.60*			63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM						40.00			65
66 EYE EXAM WITH TONOMETRY						15.00			66
67 EXTRACTION OF LENS		1000.00		1134.70*		876.80*			67
68 CHEST X-RAY - SINGLE VIEW		24.75*		25.80*		26.80*			68
69 CHEST X-RAY - TWO VIEWS		30.90*		25.80*		41.30*			69
70 X-RAY SPINE						68.10*			70
71 X-RAY HIP						41.30*			71
72 X-RAY UPPER GI TRACT		68.10*		76.00		87.70*			72
73 X-RAY COLON						82.50*			73
74 RADIATION THERAPY-LOW VOLT		4.10*		4.10*		4.10*			74
75 RADIATION THERAPY-SUPER VOLT		27.00		27.00		20.60*			75
76 RADIATION THERAPY-MEGAVOLT						24.75*			76
77 CAT SCAN - HEAD						440.00			77
78 CAT SCAN - ABDOMEN						490.00			78
79 THREE CHEMISTRY TESTS					30.00	30.00	30.00	30.00	79
80 NINETEEN CHEMISTRY TESTS					38.50	38.50	38.50	38.50	80
81 CULTURE - OTHER THAN BLOOD					16.00	16.00	16.00	16.00	81
82 HEMOGLOBIN					4.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					14.00	14.00	14.00	14.00	83
84 WHITE CELL COUNT					5.00L	5.00L	5.00L	5.00L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	10.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST					8.00L	8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					11.00	11.00	11.00	11.00	87
88 HEMATOCRIT					4.00L	4.00L	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)					10.00	10.00	10.00	10.00	89
90 POTASSIUM TEST - BLOOD					12.00	12.00	12.00	12.00	90
91 PROTHROMBIN TIME TEST					8.00L	8.00L	8.00L	8.00L	91
92 SEDIMENTATION RATE					7.00L	7.00L	7.00L	7.00L	92
93 BLOOD SUGAR					8.00L	8.00L	8.00L	8.00L	93
94 BUN-UREA - NITROGEN					9.50L	9.50L	9.50L	9.50L	94
95 URIC ACID					9.00L	9.00L	9.00L	9.00L	95
96 FECES-OCULT BLOOD-SCREENING					7.00	7.00	7.00	7.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS					6.00L	6.00L	6.00L	6.00L	98
99 CHEMICAL URINALYSIS					8.00	8.00	8.00	8.00	99
100 PATHOLOGY - THREE SPECIMENS									100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					50.00L	50.00L	50.00L	50.00L	104
105 WALKER - RENTAL					18.00	18.00	18.00	18.00	105
106 WHEELCHAIR - RENTAL					30.00L	30.00L	30.00L	30.00L	106
107 LIQUID OXYGEN - RENTAL					80.00	80.00	80.00	80.00	107
108 HOSPITAL BED - PURCHASE					500.00L	500.00L	500.00L	500.00L	108
109 WALKER - PURCHASE					61.20	61.20	61.20	61.20	109
110 WHEELCHAIR - PURCHASE					290.00L	290.00L	290.00L	290.00L	110

1984 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEAMS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	34	02(NE)	03(SE)	04(WE)	34	02(NE)	03(SE)	04(WE)	
1 INITIAL BRIEF OFFICE VISIT					16.50*	20.60*	20.60*	20.60*	1
2 INITIAL LIMITED OFFICE VISIT	30.90*	27.00	25.00	25.00	30.90*	50.00	35.00	45.00	2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT	53.00	35.00	36.00	35.00	51.60*	51.60*	65.00	70.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT									5
6 BRIEF FOLLOWUP OFFICE VISIT	12.40*	12.40*	12.40*	10.30*	16.50*	14.40*	16.50*	12.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	14.40*	14.40*	14.40*	12.40*	20.60*	20.60*	20.60*	16.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	24.75*	16.00*	20.60*	15.00*	33.00*	15.00*	16.50*	24.75*	8
9 EXTENDED F/U OFFICE VISIT	20.00	25.00	21.00	30.00	20.00	30.00*	30.00	25.00	9
10 COMP FOLLOWUP OFFICE VISIT	31.00	30.90*	30.90*	38.00	53.00	50.00	51.60*	61.90*	10
11 BRIEF FOLLOWUP HOME VISIT	20.60*	20.60*	20.60*	20.60*	20.60*	20.60*	20.60*	20.60*	11
12 LIMITED FOLLOWUP HOME VISIT									12
13 INTERMDIATE F/U HOME VISIT	35.00	30.00	27.00	35.00	35.00	30.00	27.00	35.00	13
14 EXTENDED CARE FACILITY VISIT					33.00*	25.00	30.00	25.00	14
15 BRIEF F/U NURSING HOME VISIT	20.00	16.50*	14.40*	14.40*	20.60*	20.60*	20.60*	20.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	30.90*	30.90*	41.30*	30.90*	41.30*	41.30*	51.60*	51.60*	16
17 INIT INTERMED HOSPITAL VISIT					51.60*	51.60*	53.60*	61.90*	17
18 INITIAL COMP HOSPITAL VISIT	65.00	50.00	51.60*	51.60*	72.20*	61.90*	80.00	82.50*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.50*	14.40*	16.50*	14.40*	20.60*	16.50*	20.60*	15.50*	19
20 LIMITED F/U HOSPITAL VISIT	20.60*	20.60*	21.00*	23.00*	20.60*	20.60*	30.90*	20.60*	20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT					40.00	30.90*	25.00	25.00*	22
23 BRIEF EMERGENCY ROOM VISIT					16.50*	14.40*	16.50*	12.40*	23
24 LIMITED EMERGENCY ROOM VISIT					16.50*	20.60*	20.60*	20.60*	24
25 INTERMED EMERGENCY ROOM VISIT					30.90*	50.00	35.00	45.00	25
26 LIMITED CONSULTATION	43.30*	30.90*	40.00	41.30*	61.00	51.60*	51.60*	60.00	26
27 EXTENSIVE CONSULTATION					51.60*	51.60*	72.20*	70.00	27
28 COMPREHENSIVE CONSULTATION					72.20*	100.00	82.50*	82.50*	28
29 PSYCHOTHERAPY-ONE HOUR						41.30*	41.30*	30.90*	29
30 PSYCHOTHERAPY-HALF HOUR						41.30*	30.90*	30.90*	30
31 CHIROPRACTIC OFFICE VISIT	14.40*	12.40*	14.40*	12.40*		16.00	16.50*	15.00	31
32 INITIAL PHYSIOTHERAPY					20.60*	20.60*	20.60*	20.60*	32
33 F/U PODIATRIC OFFICE VISIT					18.60*	18.60*	18.60*	18.60*	33
34 ELECTROCARDIOGRAM (EKG)	30.00	30.00	30.90*	30.90*	30.90*	30.00	30.90*	30.90*	34
35 EKG-INTERPRET AND REPORT ONLY	15.00	20.00	15.50*	10.30*	16.50*	20.00	15.00	15.00*	35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					100.00	100.00	100.00	100.00	37
38 CHEMOTHERAPY					30.00	20.00	25.00	22.00	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					24.75*	24.75*	24.75*	20.00	40
41 SKIN BIOPSY					30.90*	30.90*	41.30*	30.90*	41
42 CHEMOCAUTERY					40.00	55.70*	40.00	40.00	42
43 RADICAL MASTECTOMY					804.60*	825.20*	804.60*	765.40*	43
44 OPEN REDUCTION OF FRACTURE						1031.50*	1031.50*	1134.70*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	24.75*	30.00	20.00		25.00	40.00	30.00	45
46 CORONARY ARTERY BYPASS						4900.00	4000.00	3600.00	46
47 TOTAL ARTIFICIAL HIP REPLACE						2200.00	2835.00	2540.00	47
48 NEEDLE PUNCTURE OF BURSA					24.75*	24.75*	40.00	24.75*	48
49 BRONCHOSCOPY					154.70*	300.00	200.00*	206.30*	49
50 THORACENTESIS									50
51 CATHETERIZATION OF HEART						649.80*	618.90*	600.00	51
52 INSERTION OF PACEMAKER					1237.80*	1237.80*	1237.80*	1175.90*	52
53 PARTIAL COLECTOMY					990.20*	990.20*	990.20*	940.70*	53
54 APPENDECTOMY	486.90*	500.00	464.20*	464.20*	412.60*	495.10*	412.60*	412.60*	54
55 SIGMOIDOSCOPY					37.10*	50.00	72.20*	50.00	55

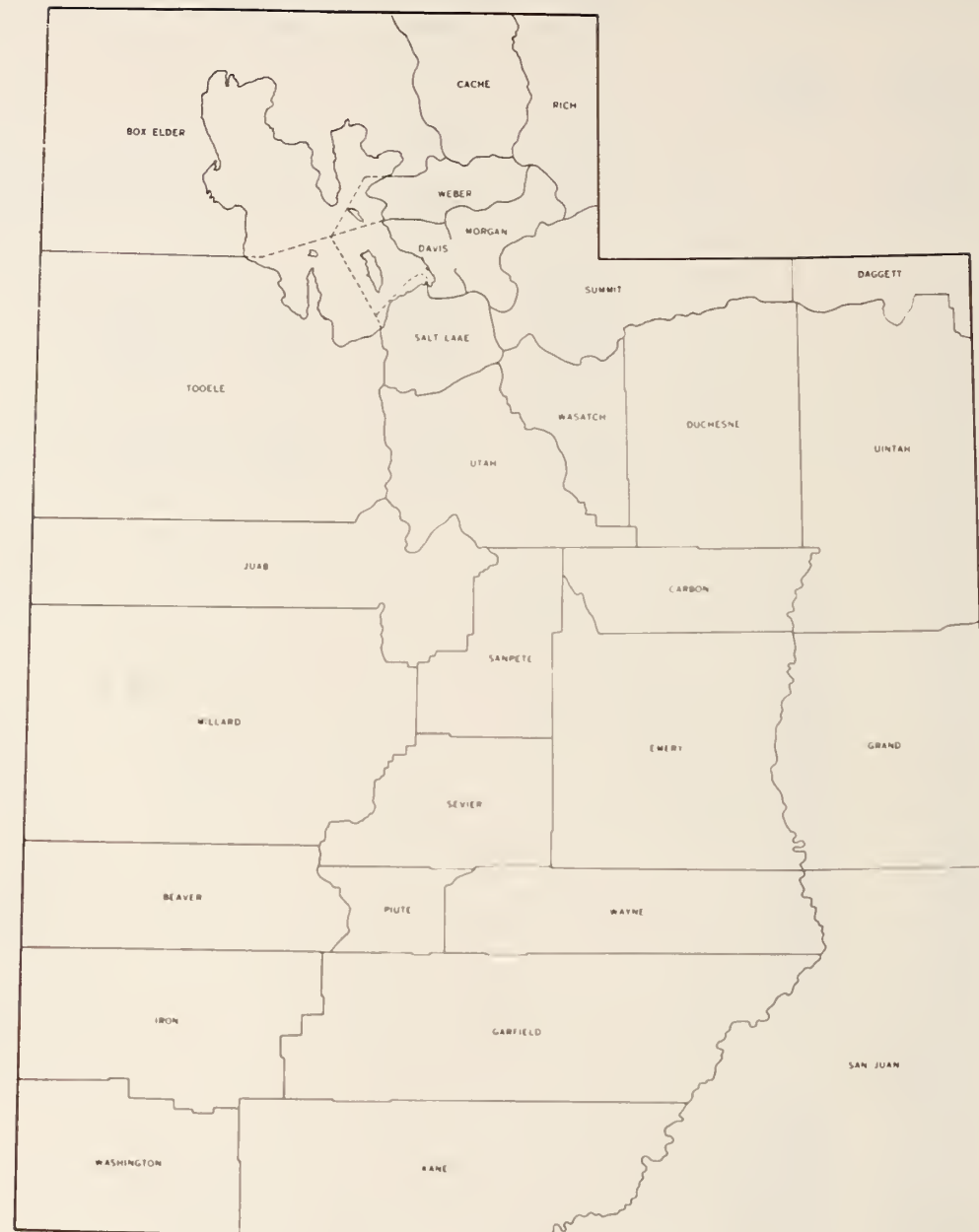
1984 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	34	02(NE)	03(SE)	04(WE)	34	02(NE)	03(SE)	04(WE)	
56 HEMORRHOIDECTOMY					412.60*	361.00*	412.60*	412.60*	56
57 CHOLECYSTECTOMY					722.10*	825.20*	722.10*	804.60*	57
58 REPAIR HERNIA					412.60*	464.20*	464.20*	412.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	61.90*	75.00	72.20*	73.00		72.20*	72.20*	72.20*	59
60 DILATION OF URETHRA						15.00	20.60*	20.60*	60
61 PROSTATECTOMY - SUPRAPUBIC						990.20*	928.40*	1031.50*	61
62 ELECTROSECTION-PROSTATE (TUR)	973.70*	907.70*	973.70*	874.70*		979.90*	825.20*	1031.50*	62
63 HYSTERECTOMY						909.80*	982.00*	924.20*	63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM						40.00	41.30*	41.30*	65
66 EYE EXAM WITH TONOMETRY						20.00	14.40*	20.60*	66
67 EXTRACTION OF LENS	1217.20*	722.10*	1050.00	1093.40*		825.20*	825.20*	876.80*	67
68 CHEST X-RAY - SINGLE VIEW	22.00	24.75*	29.00	25.80*		36.10*	25.00	26.80*	68
69 CHEST X-RAY - TWO VIEWS	26.80*	30.90*	36.00	33.00*		36.10*	41.00	36.10*	69
70 X-RAY SPINE						61.90*	65.00	61.90*	70
71 X-RAY HIP						33.00	41.30*	36.10*	71
72 X-RAY UPPER GI TRACT	76.00	72.20*	65.00	72.20*		77.00	72.20*	82.50*	72
73 X-RAY COLON						75.00	67.00*	72.20*	73
74 RADIATION THERAPY-LOW VOLT	4.10*	4.10*	4.10*	4.10*		4.10*	4.10*	4.10*	74
75 RADIATION THERAPY-SUPER VOLT	27.00	37.10*	30.00	20.00		22.70*	20.60*	20.00	75
76 RADIATION THERAPY-MEGAVOLT						22.00	20.60*	22.70*	76
77 CAT SCAN - HEAD						375.00	285.00	450.00	77
78 CAT SCAN - ABDOMEN						590.00	490.00	490.00	78
79 THREE CHEMISTRY TESTS					30.00	30.00	30.00	30.00	79
80 NINETEEN CHEMISTRY TESTS					38.50	38.50	38.50	38.50	80
81 CULTURE - OTHER THAN BLOOD					16.00	16.00	16.00	16.00	81
82 HEMOGLOBIN					4.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					14.00	14.00	14.00	14.00	83
84 WHITE CELL COUNT					5.00L	5.00L	5.00L	5.00L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	10.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST					8.00L	8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					11.00	11.00	11.00	11.00	87
88 HEMATOCRIT					4.00L	4.00L	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)					10.00	10.00	10.00	10.00	89
90 POTASSIUM TEST - BLOOD					12.00	12.00	12.00	12.00	90
91 PROTHROMBIN TIME TEST					8.00L	8.00L	8.00L	8.00L	91
92 SEDIMENTATION RATE					7.00L	7.00L	7.00L	7.00L	92
93 BLOOD SUGAR					8.00L	8.00L	8.00L	8.00L	93
94 BUN-UREA - NITROGEN					9.50L	9.50L	9.50L	9.50L	94
95 URIC ACID					9.00L	9.00L	9.00L	9.00L	95
96 FECES-OCULT BLOOD-SCREENING					7.00	7.00	7.00	7.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS					6.00L	6.00L	6.00L	6.00L	98
99 CHEMICAL URINALYSIS					8.00	8.00	8.00	8.00	99
100 PATHOLOGY - THREE SPECIMENS						75.00	65.00	47.70	100
101 ELEC MONITORING-PACEMAKER						30.00	30.00	30.00	101
102 DONOR NEPHRECTOMY-UNILATERAL						1386.30*	1386.30*	1485.40*	102
103 KIDNEY TRANSPLANT						1386.30*	1386.30*	1485.40*	103
104 HOSPITAL BED - RENTAL					50.00L	50.00L	50.00L	50.00L	104
105 WALKER - RENTAL					18.00	18.00	18.00	18.00	105
106 WHEELCHAIR - RENTAL					30.00L	30.00L	30.00L	30.00L	106
107 LIQUID OXYGEN - RENTAL					80.00	80.00	80.00	80.00	107
108 HOSPITAL BED - PURCHASE					500.00L	500.00L	500.00L	500.00L	108
109 WALKER - PURCHASE					61.20	61.20	61.20	61.20	109
110 WHEELCHAIR - PURCHASE					290.00L	290.00L	290.00L	290.00L	110

UTAH

UTAH



One Locality - Statewide

1984 PREVAILING CHARGE SUMMARY DATA B/S OF UTAH
LOCALITY DESIGNATION FOR GENERAL PRACTICE

UTAH
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		20.70*	1
2 INITIAL LIMITED OFFICE VISIT	25.80*	35.00*	2
3 INITIAL INTERMED OFFICE VISIT		43.20*	3
4 INITIAL COMP OFFICE VISIT	55.00*	71.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00*	9.20*	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.00*	12.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	15.00*	15.30*	7
8 INTERMEDIATE F/U OFFICE VISIT	16.50*	18.50*	8
9 EXTENDED F/U OFFICE VISIT	20.00*	21.70*	9
10 COMP FOLLOWUP OFFICE VISIT	43.20*	43.20*	10
11 BRIEF FOLLOWUP HOME VISIT	26.10*	19.90*	11
12 LIMITED FOLLOWUP HOME VISIT		21.60*	12
13 INTERMDIATE F/U HOME VISIT	30.00*	27.60*	13
14 EXTENDED CARE FACILITY VISIT		12.40*	14
15 BRIEF F/U NURSING HOME VISIT			15
16 INITIAL BRIEF HOSPITAL VISIT	37.20*	49.80*	16
17 INIT INTERMED HOSPITAL VISIT		55.90*	17
18 INITIAL COMP HOSPITAL VISIT	86.60*	76.30*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.40*	13.50*	19
20 LIMITED F/U HOSPITAL VISIT	17.10*	16.10*	20
21 INTERMED F/U HOSPITAL VISIT	24.80*	30.00*	21
22 EXTENDED F/U HOSPITAL VISIT		32.00*	22
23 BRIEF EMERGENCY ROOM VISIT		19.40*	23
24 LIMITED EMERGENCY ROOM VISIT		30.90*	24
25 INTERMED EMERGENCY ROOM VISIT		38.70*	25
26 LIMITED CONSULTATION	37.20*	33.30*	26
27 EXTENSIVE CONSULTATION		61.90*	27
28 COMPREHENSIVE CONSULTATION		89.80*	28
29 PSYCHOTHERAPY-ONE HOUR		61.90*	29
30 PSYCHOTHERAPY-HALF HOUR		30.90*	30
31 CHIROPRACTIC OFFICE VISIT		15.00*	31
32 INITIAL PHYSIOTHERAPY		12.10*	32
33 F/U PODIATRIC OFFICE VISIT		16.00*	33
34 ELECTROCARDIOGRAM (EKG)	31.00*	30.50*	34
35 EKG-INTERPRET AND REPORT ONLY	17.20*	11.70*	35
36 SPIROMETRY			36
37 ELECTROENCEPHALOGRAM (EEG)		72.20*	37
38 CHEMOTHERAPY		27.10*	38
39 COLLECTION OF SPECIMENS		3.00*	39
40 DEBRIDEMENT OF NAILS		15.00*	40
41 SKIN BIOPSY		30.30*	41
42 CHEMOCAUTERY		5.90*	42
43 RADICAL MASTECTOMY		856.00*	43
44 OPEN REDUCTION OF FRACTURE		990.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	24.80*	28.90*	45
46 CORONARY ARTERY BYPASS		3162.60*	46
47 TOTAL ARTIFICIAL HIP REPLACE		1931.30*	47
48 NEEDLE PUNCTURE OF BURSA		25.90*	48
49 BRONCHOSCOPY			49
50 THORACENTESIS		50.00*	50
51 CATHERIZATION OF HEART			51
52 INSERTION OF PACEMAKER			52
53 PARTIAL COLECTOMY		1010.90*	53
54 APPENDECTOMY			54
55 SIGMOIDOSCOPY		69.60*	55

1984 PREVAILING CHARGE SUMMARY DATA B/S OF UTAH
LOCALITY DESIGNATION FOR GENERAL PRACTICE

UTAH
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY			56
57 CHOLECYSTECTOMY			57
58 REPAIR HERNIA		442.00*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY		82.60*	59
60 DILATION OF URETHRA		25.00*	60
61 PROSTATECTOMY - SUPRAPUBIC			61
62 ELECTROSECTION-PROSTATE (TUR)		825.20*	62
63 HYSTERECTOMY		825.20*	63
64 INITIAL COMPLETE EYE EXAM		25.00*	64
65 COMPREHENSIVE EYE EXAM		32.00*	65
66 EYE EXAM WITH TONOMETRY			66
67 EXTRACTION OF LENS	700.40*	825.20*	67
68 CHEST X-RAY - SINGLE VIEW	24.20*	22.00*	68
69 CHEST X-RAY - TWO VIEWS	36.00*	30.90*	69
70 X-RAY SPINE		51.50*	70
71 X-RAY HIP		41.20*	71
72 X-RAY UPPER GI TRACT		72.20*	72
73 X-RAY COLON	61.90*	72.20*	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT		68.10*	75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD			77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS		18.00	79
80 NINETEEN CHEMISTRY TESTS		27.50	80
81 CULTURE - OTHER THAN BLOOD			81
82 HEMOGLOBIN		3.00L	82
83 AUTOMATED BLOOD COUNT		7.70	83
84 WHITE CELL COUNT		4.00L	84
85 COMPLETE BLOOD COUNT (CBC)		9.00L	85
86 CHOLESTEROL TEST		7.00L	86
87 FLOCCULATION TEST		6.00	87
88 HEMATOCRIT		3.50L	88
89 PLATELET COUNT (REES-ECKER)		8.00	89
90 POTASSIUM TEST - BLOOD		8.50	90
91 PROTHROMBIN TIME TEST		6.50L	91
92 SEDIMENTATION RATE		5.00L	92
93 BLOOD SUGAR		6.00L	93
94 BUN-UREA - NITROGEN		6.50L	94
95 URIC ACID		7.00L	95
96 FECES-OCCULT BLOOD-SCREENING		5.50	96
97 PAP TEST		7.50L	97
98 ROUTINE URINALYSIS		6.40	98
99 CHEMICAL URINALYSIS		5.00	99
100 PATHOLOGY - THREE SPECIMENS		27.00	100
101 ELEC MONITORING-PACEMAKER			101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL		55.65L	104
105 WALKER - RENTAL		15.00	105
106 WHEELCHAIR - RENTAL		30.00L	106
107 LIQUID OXYGEN - RENTAL			107
108 HOSPITAL BED - PURCHASE		801.90L	108
109 WALKER - PURCHASE		64.70	109
110 WHEELCHAIR - PURCHASE		315.00L	110

VERMONT

VERMONT



One Locality - Statewide

1984 PREVAILING CHARGE SUMMARY DATA NEW HAMPSHIRE-VERMONT B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

VERMONT
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	02	02	
1 INITIAL BRIEF OFFICE VISIT		6.00	1
2 INITIAL LIMITED OFFICE VISIT	18.00	24.80*	2
3 INITIAL INTERMED OFFICE VISIT		36.00	3
4 INITIAL COMP OFFICE VISIT	30.00	51.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	7.00	10.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.00	12.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	14.40*	16.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	16.50*	30.00	8
9 EXTENDED F/U OFFICE VISIT			9
10 COMP FOLLOWUP OFFICE VISIT	37.10*	51.60*	10
11 BRIEF FOLLOWUP HOME VISIT	15.50*	15.50*	11
12 LIMITED FOLLOWUP HOME VISIT		24.80*	12
13 INTERMDIATE F/U HOME VISIT	31.00*	32.00	13
14 EXTENDED CARE FACILITY VISIT		20.00	14
15 BRIEF F/U NURSING HOME VISIT	12.00*	12.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	30.00	51.60*	16
17 INIT INTERMED HOSPITAL VISIT			17
18 INITIAL COMP HOSPITAL VISIT	50.00	80.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.40*	16.50*	19
20 LIMITED F/U HOSPITAL VISIT			20
21 INTERMED F/U HOSPITAL VISIT	28.00	31.00*	21
22 EXTENDED F/U HOSPITAL VISIT		41.30*	22
23 BRIEF EMERGENCY ROOM VISIT		10.00*	23
24 LIMITED EMERGENCY ROOM VISIT		20.60*	24
25 INTERMED EMERGENCY ROOM VISIT		34.70*	25
26 LIMITED CONSULTATION	25.00	51.60*	26
27 EXTENSIVE CONSULTATION		51.60*	27
28 COMPREHENSIVE CONSULTATION		75.00	28
29 PSYCHOTHERAPY-ONE HOUR		60.00	29
30 PSYCHOTHERAPY-HALF HOUR		25.00	30
31 CHIROPRACTIC OFFICE VISIT		15.00	31
32 INITIAL PHYSIOTHERAPY		10.80	32
33 F/U PODIATRIC OFFICE VISIT		16.50*	33
34 ELECTROCARDIOGRAM (EKG)	35.00	35.00	34
35 EKG-INTERPRET AND REPORT ONLY	20.80*	20.80*	35
36 SPIROMETRY		30.00	36
37 ELECTROENCEPHALOGRAM (EEG)		41.30*	37
38 CHEMOTHERAPY		40.08	38
39 COLLECTION OF SPECIMENS		8.00	39
40 DEBRIDEMENT OF NAILS		15.50*	40
41 SKIN BIOPSY		31.00	41
42 CHEMOCAUTERY		34.40*	42
43 RADICAL MASTECTOMY		854.10*	43
44 OPEN REDUCTION OF FRACTURE			44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	31.00*	45
46 CORONARY ARTERY BYPASS		2897.65	46
47 TOTAL ARTIFICIAL HIP REPLACE		1850.00	47
48 NEEDLE PUNCTURE OF BURSA			48
49 BRONCHOSCOPY		154.70*	49
50 THORACENTESIS		60.00	50
51 CATHERIZATION OF HEART		766.00	51
52 INSERTION OF PACEMAKER		950.00	52
53 PARTIAL COLECTOMY		928.40*	53
54 APPENDECTOMY	490.00*	490.00*	54
55 SIGMOIDOSCOPY		37.10*	55

1984 PREVAILING CHARGE SUMMARY DATA NEW HAMPSHIRE-VERMONT B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

VERMONT
LOCALITY DESIGNATION FOR SPECIALIST

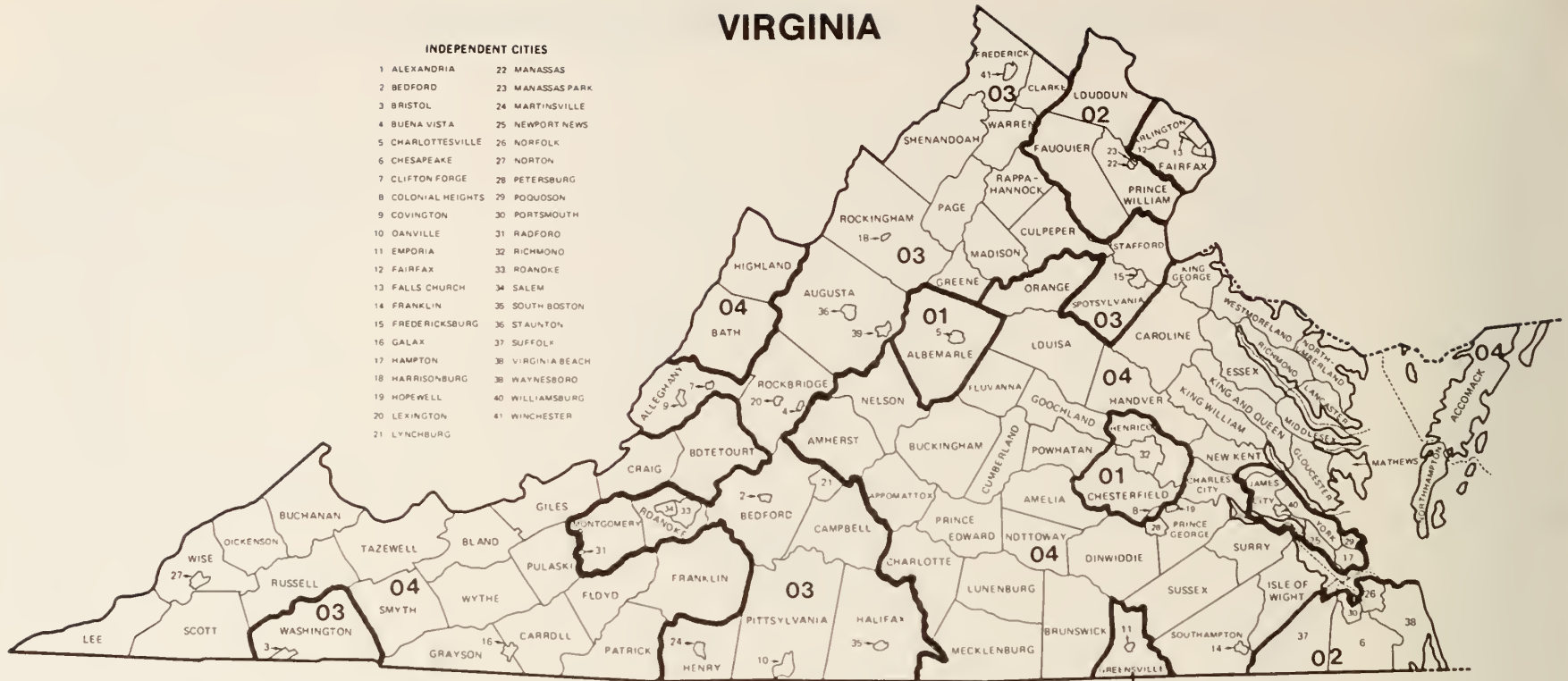
PROCEDURE DESCRIPTION	02	02	
56 HEMORRHOIDECTOMY		247.60*	56
57 CHOLECYSTECTOMY		722.10	57
58 REPAIR HERNIA			58
59 DIAGNOSTIC CYSTOURETHROSCOPY	101.15	61.90*	59
60 DILATION OF URETHRA		30.00	60
61 PROSTATECTOMY - SUPRAPUBIC		990.20*	61
62 ELECTROSECTION-PROSTATE (TUR)	892.50	990.20*	62
63 HYSTERECTOMY		900.00	63
64 INITIAL COMPLETE EYE EXAM		24.80*	64
65 COMPREHENSIVE EYE EXAM			65
66 EYE EXAM WITH TONOMETRY			66
67 EXTRACTION OF LENS	833.00	825.20*	67
68 CHEST X-RAY - SINGLE VIEW	20.60*	8.25*P	68
69 CHEST X-RAY - TWO VIEWS	31.00*	14.00 P	69
70 X-RAY SPINE		22.00 P	70
71 X-RAY HIP		12.50 P	71
72 X-RAY UPPER GI TRACT	64.50	33.00*P	72
73 X-RAY COLON		31.00*P	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD		78.20*P	77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS			79
80 NINETEEN CHEMISTRY TESTS			80
81 CULTURE - OTHER THAN BLOOD		6.00	81
82 HEMOGLOBIN		3.00L	82
83 AUTOMATED BLOOD COUNT		15.00	83
84 WHITE CELL COUNT		5.00L	84
85 COMPLETE BLOOD COUNT (CBC)		9.00L	85
86 CHOLESTEROL TEST		5.50L	86
87 FLOCCULATION TEST		8.00	87
88 HEMATOCRIT		4.00L	88
89 PLATELET COUNT (REES-ECKER)		6.00	89
90 POTASSIUM TEST - BLOOD		6.00	90
91 PROTHROMBIN TIME TEST		6.00L	91
92 SEDIMENTATION RATE		5.00L	92
93 BLOOD SUGAR		5.00L	93
94 BUN-UREA - NITROGEN		4.50L	94
95 URIC ACID		5.00L	95
96 FECES-OCCULT BLOOD-SCREENING		6.00	96
97 PAP TEST		4.50L	97
98 ROUTINE URINALYSIS		5.00L	98
99 CHEMICAL URINALYSIS		2.50	99
100 PATHOLOGY - THREE SPECIMENS		24.00	100
101 ELEC MONITORING-PACEMAKER			101
102 DONOR NEPHRECTOMY-UNILATERAL		1041.25	102
103 KIDNEY TRANSPLANT		1368.50	103
104 HOSPITAL BED - RENTAL			104
105 WALKER - RENTAL		15.00	105
106 WHEELCHAIR - RENTAL		30.00	106
107 LIQUID OXYGEN - RENTAL			107
108 HOSPITAL BED - PURCHASE			108
109 WALKER - PURCHASE		46.80	109
110 WHEELCHAIR - PURCHASE		465.00	110

VIRGINIA

VIRGINIA

INDEPENDENT CITIES

1 ALEXANDRIA	22 MANASSAS
2 BEDFORD	23 MANASSAS PARK
3 BRISTOL	24 MARTINSVILLE
4 BUENA VISTA	25 NEWPORT NEWS
5 CHARLOTTESVILLE	26 NORFOLK
6 CHESAPEAKE	27 NORTON
7 CLIFTON FORGE	28 PETERSBURG
8 COLONIAL HEIGHTS	29 POQUOSON
9 COVINGTON	30 PORTSMOUTH
10 DANVILLE	31 RADFORD
11 EMPORIA	32 RICHMOND
12 FAIRFAX	33 ROANOKE
13 FALLS CHURCH	34 SALEM
14 FRANKLIN	35 SOUTH BOSTON
15 FREDERICKSBURG	36 STAUNTON
16 GALAX	37 SUFFOLK
17 HAMPTON	38 VIRGINIA BEACH
18 HARRISONBURG	39 WAYNESBORO
19 HOPEWELL	40 WILLIAMSBURG
20 LEXINGTON	41 WINCHESTER
21 LYNCHBURG	



Four Localities:

- 01 - Richmond metropolitan area and Charlottesville - Herico, Chesterfield, and Albemarle Counties
- 02 - Tidewater and Northern Virginia Cunties - Loudon, Fauquier, Prince William, James City, York Counties and the Suffolk, Portsmouth, Norfolk, Chesapeake, Virginia City area.
- 03 - Small towns and industrial - Washington, Henry, Pittsylvania, Halifax, Greensville, Campbell, Bedford, Roanoke, Montgomery, Alleghany, Rockbridge, Augusta, Greene, Rockingham, Page, Madison, Culpeper, Rappahannock, Shenandoah, Warren, Frederick, Clarke, Stafford, and Spotsylvania Counties.
- 04 - Extremely rural - all other Counties

(Note: Alexandria, Arlington, and Fairfax are carried by Pennsylvania Blue Shield carrier.)

1984 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

VIRGINIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 2	AREA 3	AREA 4	AREA 1	AREA 2	AREA 3	AREA 4	
1 INITIAL BRIEF OFFICE VISIT					20.70*	20.70*	14.40*	14.40*	1
2 INITIAL LIMITED OFFICE VISIT	20.00	20.00	18.00	17.00	25.00	22.00	20.00	20.00	2
3 INITIAL INTERMED OFFICE VISIT					32.00	31.00	28.00	22.00	3
4 INITIAL COMP OFFICE VISIT	46.00	45.00	40.00	35.00	72.20*	72.20*	51.50*	53.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	14.40*	14.40*	12.40*	12.40*					5
6 BRIEF FOLLOWUP OFFICE VISIT									6
7 LIMITED FOLLOWUP OFFICE VISIT									7
8 INTERMEDIATE F/U OFFICE VISIT	25.00	30.00	20.00	20.00					8
9 EXTENDED F/U OFFICE VISIT									9
10 COMP FOLLOWUP OFFICE VISIT									10
11 BRIEF FOLLOWUP HOME VISIT	20.70*	20.70*	20.00	20.70*	30.90*	30.90*	20.70*	27.50*	11
12 LIMITED FOLLOWUP HOME VISIT					30.90*	30.90*	30.00	30.90*	12
13 INTERMEDIATE F/U HOME VISIT	41.20*	35.00	40.00	32.00	25.00*	24.80*	24.80*	24.80*	13
14 EXTENDED CARE FACILITY VISIT					24.50	20.70*	10.30*	15.20*	14
15 BRIEF F/U NURSING HOME VISIT	14.40*	14.40*	12.40*	12.40*	20.70*	20.70*	14.40*	14.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	51.50*	51.50*	41.20*	41.20*	82.60*	72.20*	61.90*	61.90*	16
17 INIT INTERMED HOSPITAL VISIT									17
18 INITIAL COMP HOSPITAL VISIT									18
19 BRIEF FOLLOWUP HOSPITAL VISIT	18.50*	14.40*	12.40*	14.40*	20.70*	20.70*	14.40*	14.40*	19
20 LIMITED F/U HOSPITAL VISIT	24.80*	20.70*	24.80*	25.00	30.90*	30.00	25.00	28.00	20
21 INTERMED F/U HOSPITAL VISIT	30.90*	50.00	30.90*	37.20*	45.00	41.20*	41.20*	37.20*	21
22 EXTENDED F/U HOSPITAL VISIT									22
23 BRIEF EMERGENCY ROOM VISIT					20.70*	24.80*	20.70*	14.40*	23
24 LIMITED EMERGENCY ROOM VISIT					30.90*	30.90*	20.70*	20.70*	24
25 INTERMED EMERGENCY ROOM VISIT					50.00	60.00	55.00	35.00	25
26 LIMITED CONSULTATION	34.10*	35.00	30.90*	15.00	51.50*	50.00	50.00	51.50*	26
27 EXTENSIVE CONSULTATION					61.90*	74.10*	51.50*	51.50*	27
28 COMPREHENSIVE CONSULTATION					82.60*	92.60*	72.20*	72.20*	28
29 PSYCHOTHERAPY-ONE HOUR					51.50*	61.90*	55.40*	40.00	29
30 PSYCHOTHERAPY-HALF HOUR					30.90*	30.90*	30.00	30.90*	30
31 CHIROPRACTIC OFFICE VISIT					20.70*		14.40*		31
32 INITIAL PHYSIOTHERAPY					27.60*		27.30*	28.80*	32
33 F/U PODIATRIC OFFICE VISIT					16.30*	16.30*	16.30*	16.30*	33
34 ELECTROCARDIOGRAM (EKG)	30.90*	30.00	25.00	30.00	30.00	30.00	26.00	25.90*	34
35 EKG-INTERPRET AND REPORT ONLY	15.00	15.00	15.00	10.30*	15.50*	24.80*	15.00	10.30*	35
36 SPIROMETRY					30.00	25.00*	27.60*	37.90*	36
37 ELECTROENCEPHALOGRAM (EEG)					82.60*	61.90*	82.60*	82.60*	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS					12.00	10.00	15.00	10.00	39
40 DEBRIDEMENT OF NAILS					20.00	20.00	15.00	20.00	40
41 SKIN BIOPSY					41.20*	40.00	41.20*	49.50	41
42 CHEMOCAUTERY									42
43 RADICAL MASTECTOMY					869.60*	856.30*	888.20*	801.60*	43
44 OPEN REDUCTION OF FRACTURE					1034.70*	1112.00*	783.80*	711.60*	44
45 ARTHROCENTESIS-MAJOR JOINT	20.70*	20.70*	20.70*	20.70*	20.70*	20.70*	20.70*	20.70*	45
46 CORONARY ARTERY BYPASS					3318.40*	3038.20*	3248.50*		46
47 TOTAL ARTIFICIAL HIP REPLACE					2134.60*	2626.80*	2180.10*	1967.50*	47
48 NEEDLE PUNCTURE OF BURSA					20.70*	30.00	20.70*	20.70*	48
49 BRONCHOSCOPY					206.30*	216.60*	206.30*	167.20*	49
50 THORACENTESIS					85.10*	61.90*	73.70*	51.50*	50
51 CATHETERIZATION OF HEART					309.30*	400.00	400.00		51
52 INSERTION OF PACEMAKER					1031.50*	1237.80*	721.90*		52
53 PARTIAL COLECTOMY					1031.50*	1237.80*	928.20*	936.50*	53
54 APPENDECTOMY					464.20*	494.80*	515.60*	433.20*	54
55 SIGMOIDOSCOPY					37.20*	51.50*	35.00*	51.50*	55

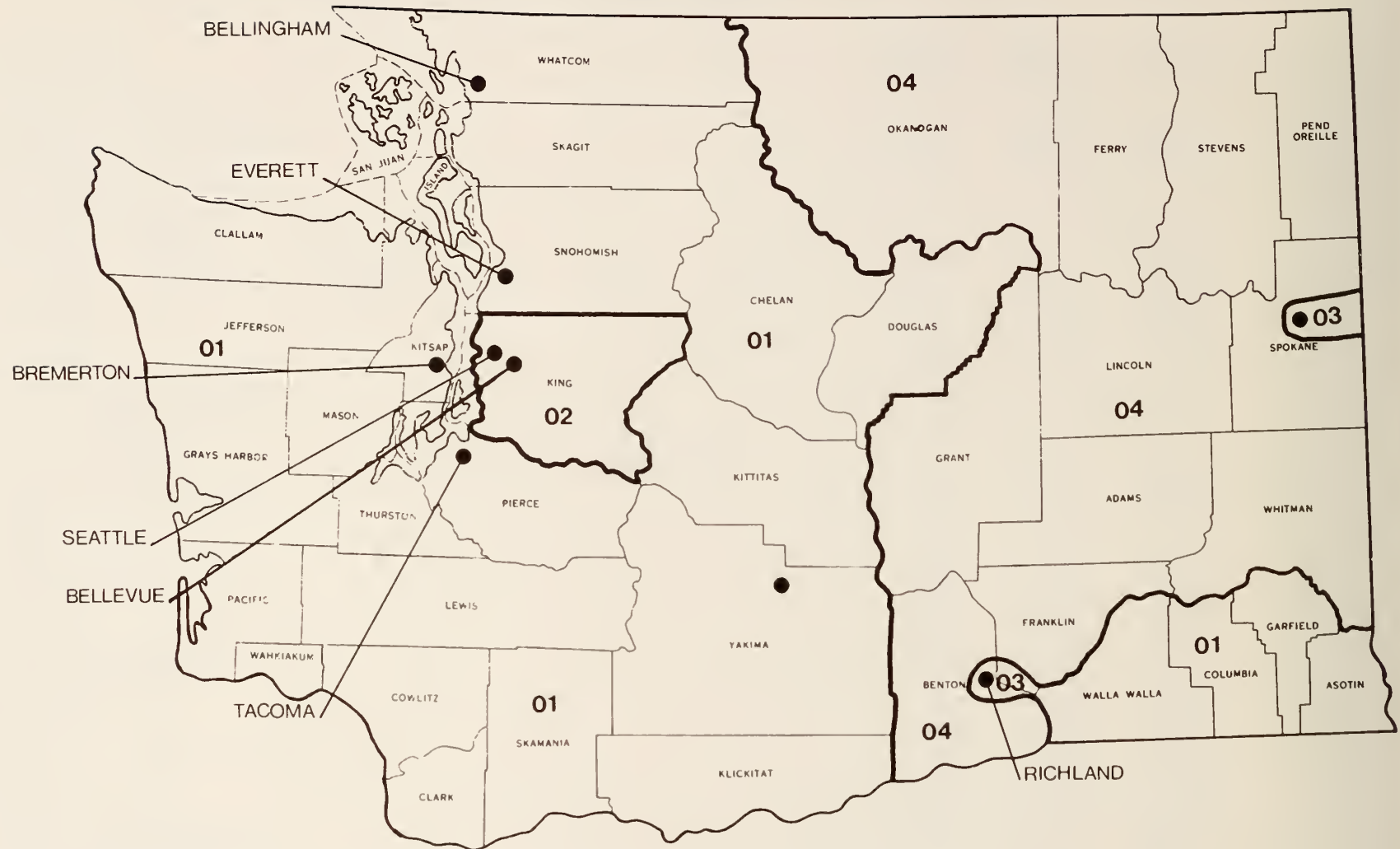
1984 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

VIRGINIA
LOCALITY DESIGNATION FOR SPECIALIST

PRDCEDURE DESCRIPTION	AREA 1	AREA 2	AREA 3	AREA 4	AREA 1	AREA 2	AREA 3	AREA 4	
56 HEMDRRHOIDECTDMY					412.60*	412.60*	309.30*	397.10*	56
57 CHOLECYSTECTDMY					773.60*	865.00	721.90*	641.50*	57
58 REPAIR HERNIA					484.70*	515.60*	427.00*	412.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY									59
60 DILATION OF URETHRA					24.80*	20.70*	20.70*	20.70*	60
61 PRDSTATECTDMY - SUPRAPUBIC					1031.50*	928.20*	900.00	721.90*	61
62 ELECTROSECTION-PRDSTATE (TUR)					990.10*	990.10*	928.20*	639.50*	62
63 HYSTERECTOMY					721.90*	979.70*	771.40*	771.40*	63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM					30.90*	28.90*	28.90*	30.90*	65
66 EYE EXAM WITH TONOMETRY									66
67 EXTRACTION OF LENS					928.20*	825.20*	825.20*	876.70*	67
68 CHEST X-RAY - SINGLE VIEW	24.80*	20.70*	25.90*	20.70*	31.00	24.80*	20.70*	26.25	68
69 CHEST X-RAY - TWO VIEWS	24.80*	30.90*	32.00	30.90*	34.00	36.00	30.90*	36.10*	69
70 X-RAY SPINE					54.50*	61.90*	51.50*	108.20*	70
71 X-RAY HIP					40.20*	41.20*	41.20*	41.20*	71
72 X-RAY UPPER GI TRACT		82.60*		72.20*	85.00	82.60*	82.60*	82.60*	72
73 X-RAY COLON					82.60*	78.40*	72.20*	82.60*	73
74 RADIATION THERAPY-LOW VOLT					28.70*	19.75			74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					118.30*	110.10*	90.70*	106.20*	77
78 CAT SCAN - ABDOMEN					90.00	148.70*	112.10*	121.20*	78
79 THREE CHEMISTRY TESTS									79
80 NINETEEN CHEMISTRY TESTS					20.00	30.00	25.50	29.00	80
81 CULTURE - OTHER THAN BLOOD					16.75	14.00	14.00	14.00	81
82 HEMOGLOBIN					4.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT									83
84 WHITE CELL COUNT					3.50L	3.00L	4.00L	3.00L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	9.00L	9.00L	10.00L	85
86 CHOLESTEROL TEST					8.00L	5.00L	6.00L	7.75L	86
87 FLOCCULATION TEST					5.00	8.50	6.00	8.00	87
88 HEMATOCRIT					3.50L	3.00L	4.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)					10.00	8.00	8.50	10.00	89
90 POTASSIUM TEST - BLOOD					10.25	9.00	9.00	10.00	90
91 PROTHROMBIN TIME TEST					7.75L	7.00L	6.00L	8.00L	91
92 SEDIMENTATION RATE					6.00L	7.00L	5.00L	6.00L	92
93 BLOOD SUGAR					7.00L	6.00L	6.00L	6.00L	93
94 BUN-UREA - NITROGEN					7.00L	6.00L	6.00L	7.00L	94
95 URIC ACID					8.00L	7.00L	7.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING					5.50	5.00	5.00	5.00	96
97 PAP TEST					8.00L	8.00L	7.00L	7.00L	97
98 ROUTINE URINALYSIS					5.00L	5.00L	4.00L	4.00L	98
99 CHEMICAL URINALYSIS									99
100 PATHOLOGY - THREE SPECIMENS					38.00	25.00	30.00	35.00	100
101 ELEC MONITORING-PACEMAKER					28.00	28.00	28.00	28.00	101
102 DONOR NEPHRECTOMY-UNILATERAL					928.20*	1020.90*	900.00	1020.90*	102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					48.40L	48.40L	48.40L	48.40L	104
105 WALKER - RENTAL					19.50	19.50	19.50	19.50	105
106 WHEELCHAIR - RENTAL					22.25L	22.25L	22.25L	22.25L	106
107 LIQUID OXYGEN - RENTAL					100.00	100.00	100.00	100.00	107
108 HOSPITAL BED - PURCHASE					410.50L	410.50L	410.50L	410.50L	108
109 WALKER - PURCHASE					58.95	58.95	58.95	58.95	109
110 WHEELCHAIR - PURCHASE					275.00L	275.00L	275.00L	275.00L	110

WASHINGTON

WASHINGTON



Four Localities:

- 01 - Seattle-Washington Physicians Service, 18 bureaus - rest of State
- 02 - King County Medical Blue Shield - King County
- 03 - (MSCEW) - Spokane and Richland-Pasco-Kennewick metropolitan areas
- 04 - Medical Service Corporation of Western Washington - Adams, Benton, Ferry, Franklin, Grant, Lincoln, Okanogan, Bend Orseille, Spokane, Stevens, and Whitman Counties (FOR GENERAL PRACTITIONER ONLY)

1984 PREVAILING CHARGE SUMMARY DATA WASHINGTON PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WASHINGTON
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	
1 INITIAL BRIEF OFFICE VISIT					20.70*	20.70*	20.70*	1
2 INITIAL LIMITED OFFICE VISIT	25.90*	20.70*	25.60*	25.20*	35.60*	24.80*	44.90*	2
3 INITIAL INTERMED OFFICE VISIT					51.50*	40.20*	65.00*	3
4 INITIAL COMP OFFICE VISIT	61.90*	61.90*	51.50*	50.60*	77.50*	72.20*	72.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.80*		9.10*	8.00*	9.30*	9.40*	6.90*	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.40*	16.30*	14.40*	16.40*	16.30*	17.70*	16.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	18.20*	21.90*	18.30*	16.80*	21.40*	20.70*	24.70*	7
8 INTERMEDIATE F/U OFFICE VISIT	22.40*	25.90*	22.00*	21.00*	24.90*	23.60*	23.00*	8
9 EXTENDED F/U OFFICE VISIT	36.40*	37.00*	25.60*	26.50*	42.70*	41.20*	34.70*	9
10 COMP FOLLOWUP OFFICE VISIT	56.00*	51.50*	54.90*	42.00*	64.00*	51.50*	64.50*	10
11 BRIEF FOLLOWUP HOME VISIT	26.80*	25.00*	28.30*	26.00*	24.30*	29.60*	27.70*	11
12 LIMITED FOLLOWUP HOME VISIT					25.10*	30.90*	37.00*	12
13 INTERMDIATE F/U HOME VISIT	28.40*	30.80*	27.40*	25.20*	30.20*	33.40*	32.40*	13
14 EXTENDED CARE FACILITY VISIT					20.50*	17.50*	27.30*	14
15 BRIEF F/U NURSING HOME VISIT	26.10*	25.00*	27.40*	25.20*	24.00*	26.20*	29.75*	15
16 INITIAL BRIEF HOSPITAL VISIT	39.20*	51.50*	34.10*	39.20*	51.50*	47.60*	50.00*	16
17 INIT INTERMED HOSPITAL VISIT					61.90*	51.50*	77.10*	17
18 INITIAL COMP HOSPITAL VISIT	74.30*	77.20*	75.00*	49.50*	74.30*	72.20*	79.40*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.40*	20.70*	14.40*	15.80*	18.50*	19.70*	20.70*	19
20 LIMITED F/U HOSPITAL VISIT	20.70*	20.70*	18.30*		24.80*	26.00*	27.80*	20
21 INTERMED F/U HOSPITAL VISIT	30.00*	30.00*	35.70*	21.00*	35.00*	31.00*	22.80*	21
22 EXTENDED F/U HOSPITAL VISIT					38.50*	35.00*	30.00*	22
23 BRIEF EMERGENCY ROOM VISIT					29.20*	20.10*		23
24 LIMITED EMERGENCY ROOM VISIT					33.40*	35.20*	30.00*	24
25 INTERMED EMERGENCY ROOM VISIT					45.00*	41.30*	34.00*	25
26 LIMITED CONSULTATION	43.20*	47.10*	38.10*	38.10*	57.00*	29.50*	45.40*	26
27 EXTENSIVE CONSULTATION					72.20*	51.10*	74.40*	27
28 COMPREHENSIVE CONSULTATION					92.60*	72.20*	86.60*	28
29 PSYCHOTHERAPY-ONE HOUR					65.90*	61.90*	67.70*	29
30 PSYCHOTHERAPY-HALF HOUR					31.00*	31.00*	45.00*	30
31 CHIROPRACTIC OFFICE VISIT					18.00*	17.70*	16.40*	31
32 INITIAL PHYSIOTHERAPY						21.10*		32
33 F/U PODIATRIC OFFICE VISIT					19.50*	21.40*	20.00*	33
34 ELECTROCARDIOGRAM (EKG)	37.20*	35.00*	34.10*	36.00*	37.20*	35.00*	35.00*	34
35 EKG-INTERPRET AND REPORT ONLY	15.90*	10.00*	15.00*	15.00*	19.00*	10.00*	15.00*	35
36 SPIROMETRY					40.00*	31.00*		36
37 ELECTROENCEPHALOGRAM (EEG)					121.80*	88.20*	79.40*	37
38 CHEMOTHERAPY					19.00*			38
39 COLLECTION OF SPECIMENS							3.00*	39
40 DEBRIDEMENT OF NAILS					18.00*	26.90*	23.30*	40
41 SKIN BIOPSY					43.20*	42.00*	37.20*	41
42 CHEMOCAUTERY					6.00*	3.80*	3.60*	42
43 RADICAL MASTECTOMY					825.40*	825.40*	655.40*	43
44 OPEN REDUCTION OF FRACTURE					1155.50*	1155.50*	1031.70*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.90*	31.50*	22.75*	22.75*	28.90*	30.30*	21.60*	45
46 CORONARY ARTERY BYPASS					3761.40*	4560.00*		46
47 TOTAL ARTIFICIAL HIP REPLACE					2084.10*	2063.50*	2269.40*	47
48 NEEDLE PUNCTURE OF BURSA					28.00*	28.00*	27.70*	48
49 BRONCHOSCOPY					185.70*	258.10*	206.30*	49
50 THORACENTESIS					43.20*	51.50*	44.70*	50
51 CATHERIZATION OF HEART					416.80*	515.70*	660.50*	51
52 INSERTION OF PACEMAKER					1100.00*	750.20*		52
53 PARTIAL COLECTOMY					1104.00*	1238.00*	1031.70*	53
54 APPENDECTOMY	576.80*	577.80*			576.80*	567.50*	495.30*	54
55 SIGMOIDOSCOPY					93.75*	100.00*	56.50*	55

1984 PREVAILING CHARGE SUMMARY DATA WASHINGTON PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WASHINGTON
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	
56 HEMORRHOIDECTOMY					433.20*	412.70*	350.70*	56
57 CHOLECYSTECTOMY					825.40*	834.90*	825.40*	57
58 REPAIR HERNIA					505.40*	515.70*	464.25*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	80.00*	61.90*			80.00*	61.90*	51.50*	59
60 DILATION OF URETHRA					35.90*	30.00*	30.00*	60
61 PROSTATECTOMY - SUPRAPUBIC					1155.50*	1155.50*	1031.70*	61
62 ELECTROSECTION-PROSTATE (TUR)					1155.50*	1155.50*	990.50*	62
63 HYSTERECTOMY					990.50*	1062.70*	825.40*	63
64 INITIAL COMPLETE EYE EXAM					41.20*	32.90*	43.20*	64
65 COMPREHENSIVE EYE EXAM					41.60*	45.60*	34.50*	65
66 EYE EXAM WITH TONOMETRY					18.50*	16.60*	20.30*	66
67 EXTRACTION OF LENS					990.50*	1031.70*	928.40*	67
68 CHEST X-RAY - SINGLE VIEW	24.80*	28.90*	25.90*	22.00*	20.70*	31.00*	25.90*	68
69 CHEST X-RAY - TWO VIEWS	37.20*	37.20*	36.10*	36.00*	42.00*	41.20*	38.10*	69
70 X-RAY SPINE					68.10*	60.90*	83.25*	70
71 X-RAY HIP					49.50*	42.40*	41.60*	71
72 X-RAY UPPER GI TRACT	86.60*	87.50*			82.70*	86.60*	95.50*	72
73 X-RAY COLON					78.40*	92.60*	72.80*	73
74 RADIATION THERAPY-LOW VOLT					60.00*	54.00*	47.20*	74
75 RADIATION THERAPY-SUPER VOLT					77.00*	38.50*	65.60*	75
76 RADIATION THERAPY-MEGAVOLT					86.90*		79.60*	76
77 CAT SCAN - HEAD					388.50*	296.90*	306.10*	77
78 CAT SCAN - ABDOMEN					388.50*	345.60*	361.40*	78
79 THREE CHEMISTRY TESTS					3.00*		3.00*	79
80 NINETEEN CHEMISTRY TESTS								80
81 CULTURE - OTHER THAN BLOOD					21.50*	15.00*	18.70*	81
82 HEMOGLOBIN					5.00*	5.50*	5.00*	82
83 AUTOMATED BLOOD COUNT					12.50*	10.00*	13.70*	83
84 WHITE CELL COUNT					6.50*	6.00*	6.00*	84
85 COMPLETE BLOOD COUNT (CBC)					9.00*	7.00*	8.40*	85
86 CHOLESTEROL TEST					10.50*	8.50*	11.50*	86
87 FLOCCULATION TEST					7.20*	7.50*	8.75*	87
88 HEMATOCRIT					5.75*	6.00*	5.00*	88
89 PLATELET COUNT (REES-ECKER)					9.50*	8.75*	12.50*	89
90 POTASSIUM TEST - BLOOD					10.00*	7.50*	13.70*	90
91 PROTHROMBIN TIME TEST					9.50*	8.25*	13.00*	91
92 SEDIMENTATION RATE					8.50*	8.00*	7.50*	92
93 BLOOD SUGAR					10.80*	10.00*	12.00*	93
94 BUN-UREA - NITROGEN					9.00*	9.00*	11.50*	94
95 URIC ACID					11.60*	9.25*	12.00*	95
96 FECES-OCCULT BLOOD-SCREENING					5.00*	5.50*	3.50*	96
97 PAP TEST					12.00*	11.50*	9.50*	97
98 ROUTINE URINALYSIS					7.50*	8.00*	7.75*	98
99 CHEMICAL URINALYSIS					5.00*			99
100 PATHOLOGY - THREE SPECIMENS					35.00*	34.00*	40.00*	100
101 ELEC MONITORING-PACEMAKER					32.50*		28.90*	101
102 DONOR NEPHRECTOMY-UNILATERAL						1320.80*		102
103 KIDNEY TRANSPLANT						2143.30*		103
104 HOSPITAL BED - RENTAL					63.78*	73.49*	58.41*	104
105 WALKER - RENTAL					13.29*	22.37*	18.67*	105
106 WHEELCHAIR - RENTAL					31.89*	39.41*	30.27*	106
107 LIQUID OXYGEN - RENTAL					84.96*	93.81	84.88*	107
108 HOSPITAL BED - PURCHASE					823.05*	799.95*	799.95*	108
109 WALKER - PURCHASE					64.95*	65.12*	62.54*	109
110 WHEELCHAIR - PURCHASE					489.81*	483.51*	407.42*	110

WEST VIRGINIA

A map of West Virginia divided into its counties. Five specific regions are highlighted with thick black outlines and labeled with numbers 16 through 20. Region 16 is in the southwest, centered around Charleston. Region 17 is in the north, centered around Wheeling. Region 18 is in the east, covering the Eastern Valley. Region 19 is in the center, following the Ohio River valley. Region 20 is in the south, covering the Southern Valley. Major cities like Parkersburg, Fairmont, Morgantown, and Huntington are also marked. A legend in the bottom right corner explains the numbering system.

WEST VIRGINIA

Counties shown: Hancock, Brooke, Ohio, Marshall, Monongalia, Morgan, Berkeley, Jefferson, Mineral, Hampshire, Grant, Hardy, Pendleton, Randolph, Upshur, Barbour, Taylor, Harrison, Dooaridge, Tyler, Wetzel, Preston, Pleasants, Ritchie, Wirt, Calhoun, Gilmer, Braxton, Clay, Nicholas, Pocahontas, Wayne, Cabell, Putnam, Lincoln, Boone, Logan, Mingo, Wyoming, Mercer, McDowell, Fayette, Raleigh, Summers, Monroe, Webster.

Localities:

- 16 - Charleston
- 17 - Wheeling
- 18 - Eastern Valley
- 19 - Ohio River valley
- 20 - Southern Valley

- 16 - Charleston
- 17 - Wheeling
- 18 - Eastern Valley
- 19 - Ohio River valley
- 20 - Southern Valley

1984 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WEST VIRGINIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	16	17	18	19	16	17	18	19	
1 INITIAL BRIEF OFFICE VISIT					16.50*	16.50*	14.40*	16.50*	1
2 INITIAL LIMITED OFFICE VISIT	14.40*	12.40*	12.40*	10.30*	16.50*	16.50*	14.40*	16.50*	2
3 INITIAL INTERMED OFFICE VISIT					24.75*	30.90*	20.00	20.60*	3
4 INITIAL COMP OFFICE VISIT	30.00	25.00	35.00	50.00	75.00	61.90*	55.00	60.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00	3.00	3.00	5.00	5.00	6.20*	8.25*	8.25*	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.40*	12.40*	12.40*	10.30*	16.50*	16.50*	14.40*	16.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	14.40*	12.40*	12.40*	10.30*	16.50*	16.50*	14.40*	16.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	14.40*	12.40*	12.40*	10.30*	16.50*	16.50*	14.40*	16.50*	8
9 EXTENDED F/U OFFICE VISIT	22.00	30.00	16.00	18.00	24.75*	30.90*	20.00	20.60*	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	25.00	35.00	50.00	75.00	61.90*	55.00	60.00	10
11 BRIEF FOLLOWUP HOME VISIT	24.75*	20.60*	20.00	20.60*	20.60*	24.75*	24.75*	14.40*	11
12 LIMITED FOLLOWUP HOME VISIT					20.60*	24.75*	24.75*	14.40*	12
13 INTERMEDIATE F/U HOME VISIT	24.75*	20.60*	20.00	20.60*	20.60*	24.75*	24.75*	14.40*	13
14 EXTENDED CARE FACILITY VISIT					16.50*	16.50*	20.60*	18.60*	14
15 BRIEF F/U NURSING HOME VISIT	14.40*	12.40*	12.40*	10.30*	16.50*	16.50*	14.40*	16.50*	15
16 INITIAL BRIEF HOSPITAL VISIT	41.30*	38.40*	41.30*	33.00*	72.20*	51.60*	72.20*	47.40*	16
17 INIT INTERMED HOSPITAL VISIT					80.00	51.60*	72.20*	61.90*	17
18 INITIAL COMP HOSPITAL VISIT	51.60*	51.60*	41.30*	37.10*	80.00	51.60*	72.20*	61.90*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.40*	12.40*	12.40*	12.40*	16.50*	15.50*	20.60*	18.60*	19
20 LIMITED F/U HOSPITAL VISIT	14.40*	12.40*	12.40*	12.40*	16.50*	15.50*	20.60*	18.60*	20
21 INTERMED F/U HOSPITAL VISIT	41.30*	38.40*	41.30*	33.00*	72.20*	51.60*	72.20*	47.40*	21
22 EXTENDED F/U HOSPITAL VISIT					72.20*	51.60*	72.20*	47.40*	22
23 BRIEF EMERGENCY ROOM VISIT					35.00	30.90*	27.00	25.00	23
24 LIMITED EMERGENCY ROOM VISIT					35.00	30.90*	27.00	25.00	24
25 INTERMED EMERGENCY ROOM VISIT					35.00	30.90*	27.00	25.00	25
26 LIMITED CONSULTATION	55.00	65.00	62.70*	65.00	80.00	78.40*	65.00	79.00	26
27 EXTENSIVE CONSULTATION					80.00	78.40*	65.00	79.00	27
28 COMPREHENSIVE CONSULTATION					80.00	78.40*	65.00	79.00	28
29 PSYCHOTHERAPY-ONE HOUR					72.00	60.00	65.00	65.00	29
30 PSYCHOTHERAPY-HALF HOUR					40.00	40.00	35.00	35.00	30
31 CHIROPRACTIC OFFICE VISIT					14.00	14.40*	14.40*	14.40*	31
32 INITIAL PHYSIOTHERAPY					20.00	20.00	20.00	20.00	32
33 F/U PODIATRIC OFFICE VISIT					16.50*	14.40*	16.50*	16.50*	33
34 ELECTROCARDIOGRAM (EKG)	30.90*	25.00	25.00	33.00	30.90*	30.90*	30.00	20.60*	34
35 EKG-INTERPRET AND REPORT ONLY	20.00	12.40*	16.50*	20.60*	15.00	15.00	15.00	15.00	35
36 SPIROMETRY					40.00	40.00	40.00	40.00	36
37 ELECTROENCEPHALOGRAM (EEG)					82.50*	82.50*	82.50*	82.50*	37
38 CHEMOTHERAPY					20.60*	20.60*	20.60*	20.60*	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					20.60*	20.60*	20.60*	20.60*	40
41 SKIN BIOPSY					51.60*	51.60*	51.60*	51.60*	41
42 CHEMOCAUTERY					30.00	30.00	30.00	30.00	42
43 RADICAL MASTECTOMY					982.00*	779.80*	1107.00	967.50*	43
44 OPEN REDUCTION OF FRACTURE					928.40*	949.00*	1031.50*	856.10*	44
45 ARTHROCENTESIS-MAJOR JOINT	30.90*	30.90*	30.90*	30.90*	30.90*	30.90*	30.90*	30.90*	45
46 CORONARY ARTERY BYPASS					4630.00	4630.00	4630.00	4630.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					2600.00	2700.00	3000.00	2200.00	47
48 NEEDLE PUNCTURE OF BURSA					20.60*	20.60*	20.60*	20.60*	48
49 BRONCHOSCOPY					206.30*	206.30*	206.30*	140.30*	49
50 THORACENTESIS					25.80*	41.30*	41.30*	41.30*	50
51 CATHETERIZATION OF HEART					722.10*	722.10*	722.10*	722.10*	51
52 INSERTION OF PACEMAKER					825.20*	1031.50*	1237.80*	1237.80*	52
53 PARTIAL COLECTOMY					1031.50*	825.20*	1031.50*	1021.20*	53
54 APPENDECTOMY					515.75*	515.75*	515.75*	515.75*	54
55 SIGMOIDOSCOPY					51.60*	30.90*	51.60*	41.30*	55

1984 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WEST VIRGINIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	16	17	18	19	16	17	18	19
56 HEMORRHOIDECTOMY					515.75*	515.75*	515.75*	515.75*
57 CHOLECYSTECTOMY					773.60*	618.90*	825.20*	701.40*
58 REPAIR HERNIA					464.20*	412.60*	515.75*	464.20*
59 DIAGNOSTIC CYSTOURETHROSCOPY					61.90*	72.20*	92.80*	41.30*
60 DILATION OF URETHRA					25.00	20.60*	24.75*	15.00
61 PROSTATECTOMY - SUPRAPUBIC					990.20*	990.20*	990.20*	825.20*
62 ELECTROSECTION-PROSTATE (TUR)					990.20*	990.20*	825.20*	825.20*
63 HYSTERECTOMY					928.40*	928.40*	928.40*	928.40*
64 INITIAL COMPLETE EYE EXAM					38.40	28.00	25.00	25.00
65 COMPREHENSIVE EYE EXAM					38.40	28.00	25.00	25.00
66 EYE EXAM WITH TONOMETRY					30.90*	20.60*	30.90*	30.90*
67 EXTRACTION OF LENS					825.20*	825.20*	891.20*	825.20*
68 CHEST X-RAY - SINGLE VIEW	24.75*	24.75*	24.75*	22.50	15.00*	21.00*	16.50*	30.90*
69 CHEST X-RAY - TWO VIEWS	30.90*	30.90*	30.90*	30.00	30.90*	37.10*	20.60*	30.90*
70 X-RAY SPINE					41.30*	35.00*	30.90*	30.90*
71 X-RAY HIP					37.10*	37.10*	37.10*	30.90*
72 X-RAY UPPER GI TRACT	51.60*	51.60*	51.60*	51.60*	51.60*	42.00*	41.30*	72.20*
73 X-RAY COLON					61.90*	46.40*	41.30*	72.20*
74 RADIATION THERAPY-LOW VOLT					25.80*	25.80*	25.80*	30.00
75 RADIATION THERAPY-SUPER VOLT					25.80*	37.10*	37.10*	65.00
76 RADIATION THERAPY-MEGAVOLT					35.10*	61.90*	61.90*	51.60*
77 CAT SCAN - HEAD					237.20*	257.90*	264.10*	325.00
78 CAT SCAN - ABDOMEN					280.80*	304.10*	304.10*	460.00*
79 THREE CHEMISTRY TESTS					1.20	2.10	1.90	1.80
80 NINETEEN CHEMISTRY TESTS					1.20	2.10	1.90	1.80
81 CULTURE - OTHER THAN BLOOD					20.50	20.00	10.00	9.50
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L
83 AUTOMATED BLOOD COUNT								
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	4.00L
85 COMPLETE BLOOD COUNT (CBC)					9.50L	9.50L	9.50L	9.50L
86 CHOLESTEROL TEST					7.00L	7.00L	7.00L	7.00L
87 FLOCCULATION TEST					12.00	8.25	8.50	10.00
88 HEMATOCRIT					3.50L	3.50L	3.00	3.50L
89 PLATELET COUNT (REES-ECKER)					8.00	8.00	9.00	8.00
90 POTASSIUM TEST - BLOOD					10.00	9.00	10.00	10.00
91 PROTHROMBIN TIME TEST					6.50L	6.50L	6.50L	6.50L
92 SEDIMENTATION RATE					5.35L	5.35L	5.35L	5.35L
93 BLOOD SUGAR					5.00L	5.00L	5.00L	5.00L
94 BUN-UREA - NITROGEN					6.00L	6.00L	6.00L	6.00L
95 URIC ACID					7.00L	7.00L	7.00L	7.00L
96 FECES-OCCULT BLOOD-SCREENING					5.00	4.50	3.30	4.00
97 PAP TEST					8.00L	8.00L	8.00L	8.00L
98 ROUTINE URINALYSIS					4.00L	4.00L	4.00L	4.00L
99 CHEMICAL URINALYSIS					4.00	4.00	4.00	4.00
100 PATHOLOGY - THREE SPECIMENS					25.00	26.00	26.00	39.00
101 ELEC MONITORING-PACEMAKER								
102 DONOR NEPHRECTOMY-UNILATERAL					1500.00	1500.00	1500.00	1500.00
103 KIDNEY TRANSPLANT					2750.00*	2508.60*	2306.40*	2021.70*
104 HOSPITAL BED - RENTAL					49.50	49.50L	49.50	49.50L
105 WALKER - RENTAL					15.00	16.00	15.60	16.00
106 WHEELCHAIR - RENTAL					20.00L	20.00L	20.00L	20.00L
107 LIQUID OXYGEN - RENTAL					85.00	85.00	85.00	85.00
108 HOSPITAL BED - PURCHASE					550.00L	550.00L	550.00L	550.00L
109 WALKER - PURCHASE					57.45	48.00	59.35	55.80
110 WHEELCHAIR - PURCHASE					269.00L	269.00L	269.00L	269.00L

1984 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WEST VIRGINIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	20	20	
1 INITIAL BRIEF OFFICE VISIT		16.50*	1
2 INITIAL LIMITED OFFICE VISIT	12.40*	16.50*	2
3 INITIAL INTERMED OFFICE VISIT		25.00	3
4 INITIAL COMP OFFICE VISIT	25.00	61.90*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00	5.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.40*	16.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	12.40*	16.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	12.40*	16.50*	8
9 EXTENDED F/U OFFICE VISIT	20.00	25.00	9
10 COMP FOLLOWUP OFFICE VISIT	25.00	61.90*	10
11 BRIEF FOLLOWUP HOME VISIT	20.60*	20.60*	11
12 LIMITED FOLLOWUP HOME VISIT		20.60*	12
13 INTERMDIATE F/U HOME VISIT	20.60*	20.60*	13
14 EXTENDED CARE FACILITY VISIT		14.40*	14
15 BRIEF F/U NURSING HOME VISIT	12.40*	16.50*	15
16 INITIAL BRIEF HOSPITAL VISIT	37.10*	41.30*	16
17 INIT INTERMED HOSPITAL VISIT		61.90*	17
18 INITIAL COMP HOSPITAL VISIT	47.40*	61.90*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.40*	12.40*	19
20 LIMITED F/U HOSPITAL VISIT	14.40*	12.40*	20
21 INTERMED F/U HOSPITAL VISIT	37.10*	41.30*	21
22 EXTENDED F/U HOSPITAL VISIT		41.30*	22
23 BRIEF EMERGENCY ROOM VISIT		28.90*	23
24 LIMITED EMERGENCY ROOM VISIT		28.90*	24
25 INTERMED EMERGENCY ROOM VISIT		28.90*	25
26 LIMITED CONSULTATION	75.00	47.00*	26
27 EXTENSIVE CONSULTATION		47.00*	27
28 COMPREHENSIVE CONSULTATION		47.00*	28
29 PSYCHOTHERAPY-ONE HOUR		31.00	29
30 PSYCHOTHERAPY-HALF HOUR		30.90*	30
31 CHIROPRACTIC OFFICE VISIT		14.40*	31
32 INITIAL PHYSIOTHERAPY		20.00	32
33 F/U PODIATRIC OFFICE VISIT		14.40*	33
34 ELECTROCARDIOGRAM (EKG)	24.75*	30.90*	34
35 EKG-INTERPRET AND REPORT ONLY	9.90*	12.00	35
36 SPIROMETRY		40.00	36
37 ELECTROENCEPHALOGRAM (EEG)		82.50*	37
38 CHEMOTHERAPY		20.60*	38
39 COLLECTION OF SPECIMENS		3.00	39
40 DEBRIDEMENT OF NAILS		20.60*	40
41 SKIN BIOPSY		51.60*	41
42 CHEMOCAUTERY		30.00	42
43 RADICAL MASTECTOMY		880.90*	43
44 OPEN REDUCTION OF FRACTURE		1031.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	30.90*	30.90*	45
46 CORONARY ARTERY BYPASS		4630.00	46
47 TOTAL ARTIFICIAL HIP REPLACE		3000.00	47
48 NEEDLE PUNCTURE OF BURSA		20.60*	48
49 BRONCHOSCOPY		154.70*	49
50 THORACENTESIS		41.30*	50
51 CATHERIZATION OF HEART		722.10*	51
52 INSERTION OF PACEMAKER		1237.80*	52
53 PARTIAL COLECTOMY		1031.50*	53
54 APPENDECTOMY		515.75*	54
55 SIGMOIDOSCOPY		41.30*	55

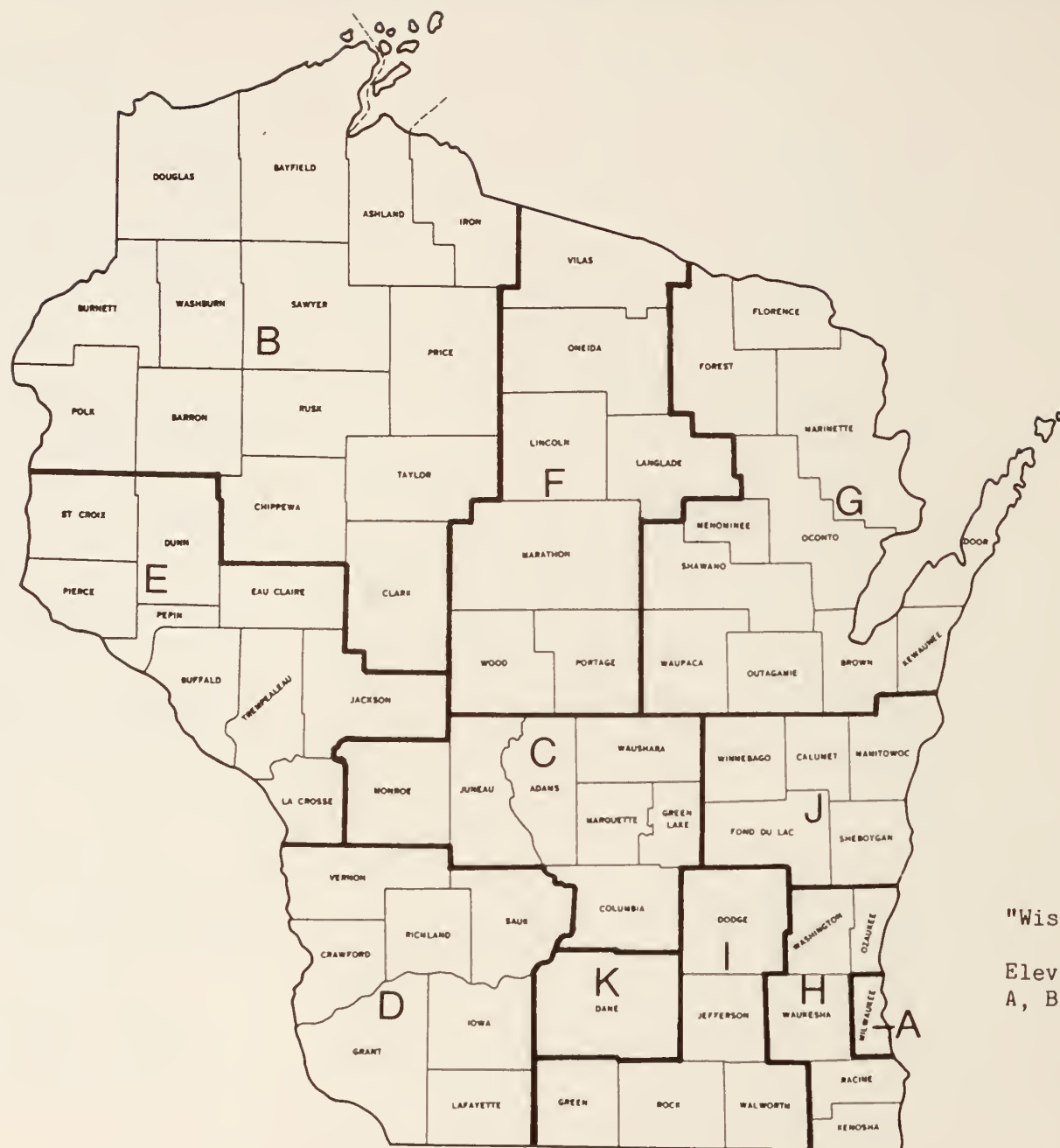
1984 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WEST VIRGINIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	20	20	
56 HEMORRHOIDECTOMY		515.75*	56
57 CHOLECYSTECTOMY		618.90*	57
58 REPAIR HERNIA		412.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY		74.30*	59
60 DILATION OF URETHRA		24.75*	60
61 PROSTATECTOMY - SUPRAPUBIC		990.20*	61
62 ELECTROSECTION-PROSTATE (TUR)		876.80*	62
63 HYSTERECTOMY		928.40*	63
64 INITIAL COMPLETE EYE EXAM		30.00	64
65 COMPREHENSIVE EYE EXAM		30.00	65
66 EYE EXAM WITH TONOMETRY		30.90*	66
67 EXTRACTION OF LENS		825.20*	67
68 CHEST X-RAY - SINGLE VIEW	30.90*	24.75*	68
69 CHEST X-RAY - TWO VIEWS	30.90*	30.90*	69
70 X-RAY SPINE		30.90*	70
71 X-RAY HIP		35.00*	71
72 X-RAY UPPER GI TRACT	51.60*	82.50*	72
73 X-RAY COLON		72.20*	73
74 RADIATION THERAPY-LOW VOLT		25.80*	74
75 RADIATION THERAPY-SUPER VOLT		37.10*	75
76 RADIATION THERAPY-MEGAVOLT		61.90*	76
77 CAT SCAN - HEAD		325.00	77
78 CAT SCAN - ABDOMEN		444.60*	78
79 THREE CHEMISTRY TESTS		2.30	79
80 NINETEEN CHEMISTRY TESTS		2.30	80
81 CULTURE - OTHER THAN BLOOD		16.00	81
82 HEMOGLOBIN		3.00L	82
83 AUTOMATED BLOOD COUNT			83
84 WHITE CELL COUNT		4.00L	84
85 COMPLETE BLOOD COUNT (CBC)		9.50L	85
86 CHOLESTEROL TEST		7.00L	86
87 FLOCCULATION TEST		12.00	87
88 HEMATOCRIT		3.50L	88
89 PLATELET COUNT (REES-ECKER)		12.00	89
90 POTASSIUM TEST - BLOOD		15.00	90
91 PROTHROMBIN TIME TEST		6.50L	91
92 SEDIMENTATION RATE		5.35L	92
93 BLOOD SUGAR		5.00L	93
94 BUN-UREA - NITROGEN		6.00L	94
95 URIC ACID		7.00L	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		8.00L	97
98 ROUTINE URINALYSIS		4.00L	98
99 CHEMICAL URINALYSIS		3.00	99
100 PATHOLOGY - THREE SPECIMENS		31.00	100
101 ELEC MONITORING-PACEMAKER			101
102 DONOR NEPHRECTOMY-UNILATERAL		1500.00	102
103 KIDNEY TRANSPLANT		2386.90*	103
104 HOSPITAL BED - RENTAL		49.50	104
105 WALKER - RENTAL		15.00	105
106 WHEELCHAIR - RENTAL		20.00L	106
107 LIQUID OXYGEN - RENTAL		85.00	107
108 HOSPITAL BED - PURCHASE		550.00L	108
109 WALKER - PURCHASE		60.00	109
110 WHEELCHAIR - PURCHASE		269.00L	110

WISCONSIN

WISCONSIN



"Wisconsin Physicians Service"

Eleven Localities

A, B, C, D, E, F, G, H, I, J, K

1984 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

PROCEDURE DESCRIPTION	A-01	B-12	C-13	D-14
1 INITIAL BRIEF OFFICE VISIT				
2 INITIAL LIMITED OFFICE VISIT	28.50*	18.00	14.00	22.00
3 INITIAL INTERMED OFFICE VISIT				
4 INITIAL COMP OFFICE VISIT	30.00	26.60*	21.70*	35.00
5 MINIMAL FOLLOWUP OFFICE VISIT	14.00	6.20*	4.20	6.20*
6 BRIEF FOLLOWUP OFFICE VISIT	15.70*	12.40*	12.40*	12.40*
7 LIMITED FOLLOWUP OFFICE VISIT	18.00	15.00	16.50*	16.00
8 INTERMEDIATE F/U OFFICE VISIT	20.00	20.60*	15.00	17.00
9 EXTENDED F/U OFFICE VISIT	24.20*	20.00	25.00	30.00
10 COMP FOLLOWUP OFFICE VISIT	33.00	30.00	37.00	37.00
11 BRIEF FOLLOWUP HOME VISIT	35.00	16.50*	20.60*	15.00
12 LIMITED FOLLOWUP HOME VISIT				
13 INTERMEDIATE F/U HOME VISIT	38.50*	36.70*	40.00	36.30*
14 EXTENDED CARE FACILITY VISIT				
15 BRIEF F/U NURSING HOME VISIT	20.70*	16.50*	15.50*	12.40*
16 INITIAL BRIEF HOSPITAL VISIT	48.40*	37.10*	30.90*	30.90*
17 INIT INTERMED HOSPITAL VISIT				
18 INITIAL COMP HOSPITAL VISIT	72.10*	70.00	60.00	54.00
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.70*	12.40*	12.40*	12.00*
20 LIMITED F/U HOSPITAL VISIT	20.70*	20.00	17.00	16.50*
21 INTERMED F/U HOSPITAL VISIT	33.70*	32.10*	35.00	31.80*
22 EXTENDED F/U HOSPITAL VISIT				
23 BRIEF EMERGENCY ROOM VISIT				
24 LIMITED EMERGENCY ROOM VISIT				
25 INTERMED EMERGENCY ROOM VISIT				
26 LIMITED CONSULTATION	61.90*	30.90*	37.10*	20.60*
27 EXTENSIVE CONSULTATION				
28 COMPREHENSIVE CONSULTATION				
29 PSYCHOTHERAPY-ONE HOUR				
30 PSYCHOTHERAPY-HALF HOUR				
31 CHIROPRACTIC OFFICE VISIT				
32 INITIAL PHYSIOTHERAPY				
33 F/U PODIATRIC OFFICE VISIT				
34 ELECTROCARDIOGRAM (EKG)	45.00	30.90*	30.90*	25.00
35 EKG-INTERPRET AND REPORT ONLY	15.00 P	10.30*P	10.30*P	8.30*P
36 SPIROMETRY				
37 ELECTROENCEPHALOGRAM (EEG)				
38 CHEMOTHERAPY				
39 COLLECTION OF SPECIMENS				
40 DEBRIDEMENT OF NAILS				
41 SKIN BIOPSY				
42 CHEMOCAUTERY				
43 RADICAL MASTECTOMY				
44 OPEN REDUCTION OF FRACTURE				
45 ARTHROCENTESIS-MAJOR JOINT	48.50*	49.20*	50.60*	38.50*
46 CORONARY ARTERY BYPASS				
47 TOTAL ARTIFICIAL HIP REPLACE				
48 NEEDLE PUNCTURE OF BURSA				
49 BRONCHOSCOPY				
50 THORACENTESIS				
51 CATHETERIZATION OF HEART				
52 INSERTION OF PACEMAKER				
53 PARTIAL COLECTOMY				
54 APPENDECTOMY	514.30*	495.10*	495.10*	495.10*
55 SIGMOIDOSCOPY				

WISCONSIN
LOCALITY DESIGNATION FOR SPECIALIST

A-01	B-12	C-13	D-14	
24.00	20.60*	20.60*	24.00	1
33.90*	36.10*	25.00	27.00	2
33.70*	32.10*	35.00	31.80*	3
74.90*	72.50*	59.10*	72.20*	4
14.20	8.30*	6.20*	9.90*	5
18.10*	12.40*	14.00	14.40*	6
24.00	15.50*	14.40*	16.50*	7
23.00	20.60*	15.00	15.00	8
60.00	30.20*	18.00	42.75	9
72.10*	54.40*	45.75	49.50*	10
28.90*	16.50*	20.60*	20.60*	11
35.00	20.60*	23.00	30.90*	12
38.50*	36.70*	40.00	36.30*	13
20.70*	18.50	15.50*	12.40*	14
20.70*	12.40*	16.50*	10.30*	15
55.80*	37.10*	30.90*	51.60*	16
76.10*	51.60*	58.00	72.20*	17
72.10*	93.10*	59.10*	68.50	18
20.70*	12.40*	8.30*	12.40*	19
21.70*	20.60*	16.50*	16.50*	20
33.70*	32.10*	35.00	31.80*	21
39.00	30.90*	30.50*	40.00	22
25.00	33.00	35.00	32.00	23
25.00	30.25	36.00	35.50	24
48.00*	36.25*	29.50*	33.50*	25
70.10*	30.90*	37.10*	51.60*	26
72.10*	51.60*	61.90*	72.20*	27
103.10*	86.50	86.60*	72.20*	28
72.50*	65.25*	53.20*	60.20*	29
53.60*	42.30*	34.40*	39.00*	30
15.00	11.60*	11.60*	11.60*	31
29.00*	17.00	14.80*	13.40*	32
18.10*	16.50*	16.50*	16.50*	33
30.80*	30.90*	28.00	33.00*	34
7.00*P	8.00*P	7.00 P	10.30*P	35
45.50*	21.00	45.50	44.80	36
86.70	75.40*	75.60*	70.70*	37
10.68*	8.16*	7.32*	7.20*	38
3.00	3.00	3.00	3.00	39
17.25	17.25	17.25	17.25	40
41.20*	30.90*	30.90*	30.90*	41
12.20*	6.50*	7.90*	5.60*	42
999.40*	618.90*	1006.80*	737.50*	43
1201.70*	1191.00	1277.10*	1072.75*	44
48.50*	49.20*	50.60*	38.50*	45
4000.00	4000.00	4000.00	3617.25*	46
1547.10*	2475.00	2457.70*	2064.50*	47
30.00*	30.00*	30.00*	30.00*	48
309.40*	154.70*	312.20*	262.20*	49
86.70*	53.60*	80.20*	41.50*	50
515.70*	688.00	688.00	688.00	51
840.00*	840.00*	840.00*	840.00*	52
1186.00*	1123.00*	1154.00*	969.40*	53
515.70*	443.50*	663.80*	371.30*	54
72.90*	72.40*	80.00	62.50*	55

1984 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

PROCEDURE DESCRIPTION	A-01	B-12	C-13	D-14
56 HEMORRHOIDECTOMY				
57 CHOLECYSTECTOMY				
58 REPAIR HERNIA				
59 DIAGNOSTIC CYSTOURETHROSCOPY	116.70*	51.60*	61.90*	100.50*
60 DILATION OF URETHRA				
61 PROSTATECTOMY - SUPRAPUBIC				
62 ELECTROSECTION-PROSTATE (TUR)	870.50*	990.20*	528.00*	932.80*
63 HYSTERECTOMY				
64 INITIAL COMPLETE EYE EXAM				
65 COMPREHENSIVE EYE EXAM				
66 EYE EXAM WITH TONOMETRY				
67 EXTRACTION OF LENS	981.60*	893.30*	1048.80*	990.20*
68 CHEST X-RAY - SINGLE VIEW	26.90*	20.60*	24.75*	20.00
69 CHEST X-RAY - TWO VIEWS	40.00	33.00	40.00	25.00
70 X-RAY SPINE				
71 X-RAY HIP				
72 X-RAY UPPER GI TRACT	82.50*	72.20*	51.60*	41.30*
73 X-RAY COLON				
74 RADIATION THERAPY-LOW VOLT	26.20*	25.20*	29.70	25.70*
75 RADIATION THERAPY-SUPER VOLT	28.40*	27.50*	32.50	28.10*
76 RADIATION THERAPY-MEGAVOLT				
77 CAT SCAN - HEAD				
78 CAT SCAN - ABDOMEN				
79 THREE CHEMISTRY TESTS				
80 NINETEEN CHEMISTRY TESTS				
81 CULTURE - OTHER THAN BLOOD				
82 HEMOGLOBIN				
83 AUTOMATED BLOOD COUNT				
84 WHITE CELL COUNT				
85 COMPLETE BLOOD COUNT (CBC)				
86 CHOLESTEROL TEST				
87 FLOCCULATION TEST				
88 HEMATOCRIT				
89 PLATELET COUNT (REES-ECKER)				
90 POTASSIUM TEST - BLOOD				
91 PROTHROMBIN TIME TEST				
92 SEDIMENTATION RATE				
93 BLOOD SUGAR				
94 BUN-UREA - NITROGEN				
95 URIC ACID				
96 FECES-OCCULT BLOOD-SCREENING				
97 PAP TEST				
98 ROUTINE URINALYSIS				
99 CHEMICAL URINALYSIS				
100 PATHOLOGY - THREE SPECIMENS				
101 ELEC MONITORING-PACEMAKER				
102 DONOR NEPHRECTOMY-UNILATERAL				
103 KIDNEY TRANSPLANT				
104 HOSPITAL BED - RENTAL				
105 WALKER - RENTAL				
106 WHEELCHAIR - RENTAL				
107 LIQUID OXYGEN - RENTAL				
108 HOSPITAL BED - PURCHASE				
109 WALKER - PURCHASE				
110 WHEELCHAIR - PURCHASE				

WISCONSIN
LOCALITY DESIGNATION FOR SPECIALIST

A-01	B-12	C-13	D-14	
464.10*	309.40*	309.40*	371.30*	56
773.60*	587.90*	742.60*	742.60*	57
470.00	412.60*	465.50	412.60*	58
82.50*	102.10*	98.70*	82.90*	59
18.60*	30.90*	24.00	19.20*	60
1096.00*	825.20*	990.20*	953.50*	61
990.10*	825.20*	990.20*	941.10*	62
928.20*	1058.00	1058.00	901.70*	63
35.60*	34.00*	37.00	33.60*	64
30.80*	29.40*	32.00	29.10*	65
15.00	18.00	14.80*	16.70*	66
1031.40*	1077.00	928.30*	990.20*	67
26.60	24.75*	25.30*	20.60*	68
33.00*	37.10*	36.10*	39.80*	69
61.90*	68.00	68.00	68.00	70
37.10*	47.50*	48.20*	53.00	71
65.90*	76.00*	77.10*	84.80*	72
61.90*	71.20*	72.20*	79.50*	73
26.40*	27.50*	27.50	27.50*	74
30.00	25.40*	30.00	25.90*	75
38.20*	54.20*	64.00	55.30*	76
325.00	317.70*	325.00	325.00	77
395.30*	384.20*	460.00	448.40*	78
22.00	22.00	22.00	22.00	79
31.50	31.50	31.50	31.50	80
39.70	22.70	22.70	22.70	81
5.00L	5.00L	5.00L	5.00L	82
19.00	14.50	14.50	14.50	83
5.00L	5.00L	5.00L	5.00L	84
15.50L	15.50L	15.50L	15.50L	85
9.00L	9.00L	9.00L	9.00L	86
10.70	8.40	8.40	8.40	87
5.00L	5.00L	5.00L	5.00L	88
15.00	10.75	10.75	10.75	89
12.00	11.60	11.60	11.60	90
8.25L	8.25L	8.25L	8.25L	91
7.00L	7.00L	7.00L	7.00L	92
9.00L	9.00L	9.00L	9.00L	93
10.00L	10.00L	10.00L	10.00L	94
10.00L	10.00L	10.00L	10.00L	95
7.00	6.00	6.00	6.00	96
8.50L	8.50L	8.50L	8.50L	97
7.00L	7.00L	7.00L	7.00L	98
5.00	5.00	5.00	5.00	99
35.00	31.00	31.00	31.00	100
40.00	36.30*	36.40*	34.10*	101
1304.80*	1296.00*	1572.30*	1118.50*	102
2175.85*	2175.85*	2175.85*	2175.85*	103
48.00L	48.00L	48.00L	48.00L	104
28.50	10.00	10.00	10.00	105
26.00L	26.00L	26.00L	26.00L	106
110.00	80.00	80.00	80.00	107
458.00L	458.00L	458.00L	458.00L	108
68.00	49.00	49.00	49.00	109
305.00L	305.00L	305.00L	305.00L	110

1984 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WISCONSIN
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	K-15	E-19	F-36	G-40	K-15	E-19	F-36	G-40	
1 INITIAL BRIEF OFFICE VISIT					25.00	24.00	33.00	51.60*	1
2 INITIAL LIMITED OFFICE VISIT	22.00	22.00	22.00	21.00	50.00	51.60*	37.00	40.00	2
3 INITIAL INTERMED OFFICE VISIT					33.00*	32.50*	29.20*	33.10*	3
4 INITIAL COMP OFFICE VISIT	35.00	35.00	25.10*	30.00*	72.20*	72.20*	27.00	61.90*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.30*	6.20*	6.20*	6.20*	10.30*	6.20*	10.30*	6.20*	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.40*	12.40*	12.40*	10.30*	16.50*	16.50*	12.40*	12.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	18.40	15.50	16.00	16.00	20.60*	20.60*	20.60*	18.25	7
8 INTERMEDIATE F/U OFFICE VISIT	28.00	15.00	17.50	16.00	30.00	33.00*	20.60*	20.00	8
9 EXTENDED F/U OFFICE VISIT	25.00	18.00	28.00	26.00	41.30*	49.50*	41.30*	30.90*	9
10 COMP FOLLOWUP OFFICE VISIT	37.00	37.00	30.00	37.10*	51.60*	51.60*	51.60*	41.30*	10
11 BRIEF FOLLOWUP HOME VISIT	24.75*	20.60*	20.60*	20.60*	24.75*	20.60*	20.60*	20.60*	11
12 LIMITED FOLLOWUP HOME VISIT					24.00	30.00	20.60*	30.00	12
13 INTERMDIATE F/U HOME VISIT	37.70*	37.10*	33.40*	37.80*	37.70*	37.10*	33.40*	37.80*	13
14 EXTENDED CARE FACILITY VISIT					24.75*	10.30*	16.50*	30.50	14
15 BRIEF F/U NURSING HOME VISIT	19.50	15.50	15.00	12.40*	24.75*	14.40*	16.50*	12.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	43.30*	30.00	37.10*	41.30*	60.00	51.60*	51.60*	61.90*	16
17 INIT INTERMED HOSPITAL VISIT					79.00	51.60*	74.25*	72.00	17
18 INITIAL COMP HOSPITAL VISIT	70.00*	74.25*	51.60*	65.00	85.00	72.20*	74.25*	80.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.40*	12.40*	12.40*	12.40*	16.50*	14.40*	16.50*	16.50*	19
20 LIMITED F/U HOSPITAL VISIT	20.60*	20.00	16.50*	17.00	20.60*	20.00	24.75*	20.60*	20
21 INTERMED F/U HOSPITAL VISIT	33.00*	32.50*	29.20*	33.10*	33.00*	32.90*	29.20*	18.90*	21
22 EXTENDED F/U HOSPITAL VISIT					44.70	43.30*	40.00	30.00	22
23 BRIEF EMERGENCY ROOM VISIT					25.00	38.90*	29.50*	25.70*	23
24 LIMITED EMERGENCY ROOM VISIT					32.50	35.50	35.50	30.00	24
25 INTERMED EMERGENCY ROOM VISIT					35.00*	40.00*	46.00*	33.50*	25
26 LIMITED CONSULTATION	30.90*	30.90*	30.90*	30.90*	35.10*	41.30*	30.90*	41.30*	26
27 EXTENSIVE CONSULTATION					72.20*	66.00*	51.60*	84.00	27
28 COMPREHENSIVE CONSULTATION					96.00	93.00*	74.25*	102.00	28
29 PSYCHOTHERAPY-ONE HOUR					75.80*	44.70*	61.60*	60.20*	29
30 PSYCHOTHERAPY-HALF HOUR					53.60*	30.90	34.20*	36.80*	30
31 CHIROPRACTIC OFFICE VISIT					11.60*	11.60*	11.60*	11.60*	31
32 INITIAL PHYSIOTHERAPY					20.00	22.40*	22.80*	27.00	32
33 F/U PODIATRIC OFFICE VISIT					16.50*	16.50*	16.50*	16.50*	33
34 ELECTROCARDIOGRAM (EKG)	30.90*	30.90*	35.00	30.90*	30.90*	30.90*	35.10*	30.90*	34
35 EKG-INTERPRET AND REPORT ONLY	12.40*P	10.30*P	10.30*P	8.30*P	9.00 P	14.40*P	10.30*P	10.30*P	35
36 SPIROMETRY					39.10	45.50	45.50	26.70	36
37 ELECTROENCEPHALOGRAM (EEG)					82.50*	82.50*	69.80*	78.00*	37
38 CHEMOTHERAPY					9.72*	8.88*	10.08*	8.28*	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					17.25	17.25	17.25	17.25	40
41 SKIN BIOPSY					30.90*	41.30*	30.90*	30.90*	41
42 CHEMOCAUTERY					5.90*	6.50*	5.70*	6.40*	42
43 RADICAL MASTECTOMY					928.30*	722.00*	618.90*	618.90*	43
44 OPEN REDUCTION OF FRACTURE					1155.20*	1155.20*	1237.70*	990.20*	44
45 ARTHROCENTESIS-MAJOR JOINT	44.70*	46.10*	42.90*	47.00*	44.70*	46.10*	42.90*	47.00*	45
46 CORONARY ARTERY BYPASS					3407.70*	4000.00	3679.90*	3275.70*	46
47 TOTAL ARTIFICIAL HIP REPLACE					2406.50*	2399.00*	1913.80*	2036.90*	47
48 NEEDLE PUNCTURE OF BURSA					30.00*	30.00*	30.00*	30.00*	48
49 BRONCHOSCOPY					288.80*	325.00	226.90*	206.30*	49
50 THORACENTESIS					50.00	60.50*	78.00*	37.10*	50
51 CATHETERIZATION OF HEART					649.80*	688.00	688.00	515.70*	51
52 INSERTION OF PACEMAKER					840.00	840.00	840.00	840.00*	52
53 PARTIAL COLECTOMY					1112.70*	1066.20*	969.00*	1039.90*	53
54 APPENDECTOMY	577.60*	577.60*	495.10*	412.60*	618.90*	577.60*	495.10*	495.10*	54
55 SIGMOIDOSCOPY					65.80*	73.10*	63.50*	70.90*	55

1984 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WISCONSIN
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	K-15	E-19	F-36	G-40	K-15	E-19	F-36	G-40	
56 HEMORRHOIDECTOMY					466.00	466.00	433.20*	371.30*	56
57 CHOLECYSTECTOMY					915.00	825.00	742.60*	742.60*	57
58 REPAIR HERNIA					515.70*	505.40*	433.20*	433.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	60.70*	66.70*	102.30*	115.50*	61.90*	72.20*	72.20*	61.90*	59
60 DILATION OF URETHRA					18.60*	24.00	24.00	24.00	60
61 PROSTATECTOMY - SUPRAPUBIC					990.20*	1155.20*	990.20*	990.20*	61
62 ELECTROSECTION-PROSTATE (TUR)	1054.20*	1155.20*	990.20*	1048.20*	990.20*	1155.20*	979.90*	990.20*	62
63 HYSTERECTOMY					1010.80*	1083.00*	928.30*	866.40*	63
64 INITIAL COMPLETE EYE EXAM					34.90*	34.30*	30.90*	35.00*	64
65 COMPREHENSIVE EYE EXAM					30.20*	29.70*	26.70*	30.25*	65
66 EYE EXAM WITH TONOMETRY					18.00	5.60*	17.10*	16.70*	66
67 EXTRACTION OF LENS	971.40*	1155.10*	901.50*	893.40*	928.30*	990.20*	990.20*	990.20*	67
68 CHEST X-RAY - SINGLE VIEW	24.75*	24.75*	20.60*	24.75*	20.60*	20.60*	24.75	16.00	68
69 CHEST X-RAY - TWO VIEWS	37.10*	34.80	35.50	30.00	40.00	32.00*	39.90	18.00	69
70 X-RAY SPINE					53.60*	51.60*	69.00	68.00	70
71 X-RAY HIP					37.10*	30.90*	49.50*	49.50*	71
72 X-RAY UPPER GI TRACT	61.90*	91.00	72.20*	74.25*	82.50*	63.90*	92.00	92.00	72
73 X-RAY COLON					82.50*	63.90*	72.20	51.60*	73
74 RADIATION THERAPY-LOW VOLT	27.40*	11.70*	29.70	28.70*	24.00*	24.50*	27.50	29.10*	74
75 RADIATION THERAPY-SUPER VOLT	29.90*	31.60*	32.50	31.40*	27.60*	29.20*	30.00	28.90*	75
76 RADIATION THERAPY-MEGAVOLT					58.90*	62.30*	64.00	61.70*	76
77 CAT SCAN - HEAD					325.00	325.00	325.00	325.00	77
78 CAT SCAN - ABDOMEN					428.50*	350.00	460.00	415.00*	78
79 THREE CHEMISTRY TESTS					22.00	22.00	22.00	22.00	79
80 NINETEEN CHEMISTRY TESTS					31.50	31.50	31.50	31.50	80
81 CULTURE - OTHER THAN BLOOD					22.70	22.70	22.70	22.70	81
82 HEMOGLOBIN					5.00L	5.00L	5.00L	5.00L	82
83 AUTOMATED BLOOD COUNT					14.50	14.50	14.50	14.50	83
84 WHITE CELL COUNT					5.00L	5.00L	5.00L	5.00L	84
85 COMPLETE BLOOD COUNT (CBC)					15.50L	15.50L	15.50L	15.50L	85
86 CHOLESTEROL TEST					9.00L	9.00L	9.00L	9.00L	86
87 FLOCCULATION TEST					8.40	8.40	8.40	8.40	87
88 HEMATOCRIT					5.00L	5.00L	5.00L	5.00L	88
89 PLATELET COUNT (REES-ECKER)					10.75	10.75	10.75	10.75	89
90 POTASSIUM TEST - BLOOD					11.60	11.60	11.60	11.60	90
91 PROTHROMBIN TIME TEST					8.25L	8.25L	8.25L	8.25L	91
92 SEDIMENTATION RATE					7.00L	7.00L	7.00L	7.00L	92
93 BLOOD SUGAR					9.00L	9.00L	9.00L	9.00L	93
94 BUN-UREA - NITROGEN					10.00L	10.00L	10.00L	10.00L	94
95 URIC ACID					10.00L	10.00L	10.00L	10.00L	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	6.00	6.00	6.00	96
97 PAP TEST					8.50L	8.50L	8.50L	8.50L	97
98 ROUTINE URINALYSIS					7.00L	7.00L	7.00L	7.00L	98
99 CHEMICAL URINALYSIS					5.00	5.00	5.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS					31.00	31.00	31.00	31.00	100
101 ELEC MONITORING-PACEMAKER					37.10*	37.30*	33.60*	37.60*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1178.25*	1308.90*	1136.30*	1269.10*	102
103 KIDNEY TRANSPLANT					2175.85*	2175.85*	2175.85*	2175.85*	103
104 HOSPITAL BED - RENTAL					48.00L	48.00L	48.00L	48.00L	104
105 WALKER - RENTAL					10.00	10.00	10.00	10.00	105
106 WHEELCHAIR - RENTAL					26.00L	26.00L	26.00L	26.00L	106
107 LIQUID OXYGEN - RENTAL					80.00	80.00	80.00	80.00	107
108 HOSPITAL BED - PURCHASE					458.00L	458.00L	458.00L	458.00L	108
109 WALKER - PURCHASE					49.00	49.00	49.00	49.00	109
110 WHEELCHAIR - PURCHASE					305.00L	305.00L	305.00L	305.00L	110

1984 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WISCONSIN
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	H-46	I-54	J-60	H-46	I-54	J-60	
1 INITIAL BRIEF OFFICE VISIT				20.00	28.00	22.00	1
2 INITIAL LIMITED OFFICE VISIT	17.00	18.00	22.00	31.00	51.60*	30.00	2
3 INITIAL INTERMED OFFICE VISIT				32.10*	29.50*	35.00	3
4 INITIAL COMP OFFICE VISIT	35.00	35.00	27.70*	72.20*	61.90*	72.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.30*	6.20*	5.00	8.30*	8.30*	8.30*	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.40*	12.40*	12.40*	16.50*	14.40*	15.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	16.00	16.50*	16.00	20.60*	20.00	20.00	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	18.00	16.00	20.60*	24.75*	18.00	8
9 EXTENDED F/U OFFICE VISIT	33.00*	25.00	25.00	27.00	30.90*	41.30*	9
10 COMP FOLLOWUP OFFICE VISIT	41.30*	32.00	51.60*	51.60*	51.60*	60.00	10
11 BRIEF FOLLOWUP HOME VISIT	24.75*	20.60*	20.00	24.75*	20.60*	20.60*	11
12 LIMITED FOLLOWUP HOME VISIT				36.00	37.10*	30.00	12
13 INTERMDIATE F/U HOME VISIT	36.60*	33.70*	40.00	36.60*	33.70*	40.00	13
14 EXTENDED CARE FACILITY VISIT				20.60*	20.60*	19.00	14
15 BRIEF F/U NURSING HOME VISIT	20.60*	20.60*	20.60*	20.60*	20.60*	20.00	15
16 INITIAL BRIEF HOSPITAL VISIT	49.50*	41.30*	41.30*	72.20*	51.60*	61.90*	16
17 INIT INTERMED HOSPITAL VISIT				82.00	61.90*	70.00	17
18 INITIAL COMP HOSPITAL VISIT	83.00	70.00	75.00	83.00	72.20*	79.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.40*	14.40*	12.40*	20.60*	14.40*	16.50*	19
20 LIMITED F/U HOSPITAL VISIT	20.60*	20.60*	16.50*	20.60*	20.60*	21.00	20
21 INTERMED F/U HOSPITAL VISIT	32.10*	29.50*	35.00	33.00*	29.50*	20.00	21
22 EXTENDED F/U HOSPITAL VISIT				36.00	37.10*	43.00	22
23 BRIEF EMERGENCY ROOM VISIT				25.80*	23.60*	24.10*	23
24 LIMITED EMERGENCY ROOM VISIT				36.00	34.00	40.00	24
25 INTERMED EMERGENCY ROOM VISIT				30.00*	31.80*	37.80*	25
26 LIMITED CONSULTATION	30.90*	20.60*	30.90*	41.30*	30.90*	30.90*	26
27 EXTENSIVE CONSULTATION				72.20*	72.20*	79.00	27
28 COMPREHENSIVE CONSULTATION				82.50*	72.20*	90.00	28
29 PSYCHOTHERAPY-ONE HOUR				60.10*	57.30*	81.90*	29
30 PSYCHOTHERAPY-HALF HOUR				38.90*	30.00	48.00	30
31 CHIROPRACTIC OFFICE VISIT				11.60*	11.60*	11.60*	31
32 INITIAL PHYSIOTHERAPY				24.50*	21.20*	28.00	32
33 F/U PODIATRIC OFFICE VISIT				16.50*	16.50*	16.50*	33
34 ELECTROCARDIOGRAM (EKG)	34.00*	30.90*	36.10*	37.10*	30.90*	30.90*	34
35 EKG-INTERPRET AND REPORT ONLY	10.80*P	12.40*P	12.40*P	12.40*P	12.40*P	12.40*P	35
36 SPIROMETRY				42.30	27.10	45.50	36
37 ELECTROENCEPHALOGRAM (EEG)				75.90*	72.20*	88.30	37
38 CHEMOTHERAPY				9.60*	9.00*	9.00*	38
39 COLLECTION OF SPECIMENS				3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS				17.25	17.25	17.25	40
41 SKIN BIOPSY				41.30*	33.00*	45.40*	41
42 CHEMOCAUTERY				6.70*	6.00*	6.20*	42
43 RADICAL MASTECTOMY				973.50*	722.00*	866.40*	43
44 OPEN REDUCTION OF FRACTURE				1217.10*	1270.70*	1031.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	49.20*	43.40*	46.50*	49.20*	43.40*	46.50*	45
46 CORONARY ARTERY BYPASS				4000.00	3791.00*	3935.20*	46
47 TOTAL ARTIFICIAL HIP REPLACE				2200.00	2089.90*	1591.10*	47
48 NEEDLE PUNCTURE OF BURSA				30.00*	30.00*	30.00*	48
49 BRONCHOSCOPY				201.10*	185.70*	185.70*	49
50 THORACENTESIS				89.20*	54.30*	77.80*	50
51 CATERIZATION OF HEART				688.00	688.00	688.00	51
52 INSERTION OF PACEMAKER				840.00*	840.00*	840.00*	52
53 PARTIAL COLECTOMY				1114.50*	1134.00*	1055.40*	53
54 APPENDECTOMY	495.10*	453.80*	495.10*	515.70*	548.70*	526.00*	54
55 SIGMOIDOSCOPY				74.50*	65.00*	69.10*	55

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PROCEDURE DESCRIPTION	H-46	I-54	J-60
56 HEMORRHOIDECTOMY			
57 CHOLECYSTECTOMY			
58 REPAIR HERNIA			
59 DIAGNOSTIC CYSTOURETHROSCOPY	112.10*	61.90*	91.30*
60 DILATION OF URETHRA			
61 PROSTATECTOMY - SUPRAPUBIC			
62 ELECTROSECTION-PROSTATE (TUR)	1098.80*	1068.90*	990.20*
63 HYSTERECTOMY			
64 INITIAL COMPLETE EYE EXAM			
65 COMPREHENSIVE EYE EXAM			
66 EYE EXAM WITH TONOMETRY			
67 EXTRACTION OF LENS	1064.00	955.90*	902.00*
68 CHEST X-RAY - SINGLE VIEW	27.00	22.00	26.80*
69 CHEST X-RAY - TWO VIEWS	30.00	30.90*	30.90*
70 X-RAY SPINE			
71 X-RAY HIP			
72 X-RAY UPPER GI TRACT	74.25*	56.00*	61.90*
73 X-RAY COLON			
74 RADIATION THERAPY-LOW VOLT	28.00*	29.70	26.00*
75 RADIATION THERAPY-SUPER VOLT	30.60*	32.50	28.50*
76 RADIATION THERAPY-MEGAVOLT			
77 CAT SCAN - HEAD			
78 CAT SCAN - ABDOMEN			
79 THREE CHEMISTRY TESTS			
80 NINETEEN CHEMISTRY TESTS			
81 CULTURE - OTHER THAN BLOOD			
82 HEMOGLOBIN			
83 AUTOMATED BLOOD COUNT			
84 WHITE CELL COUNT			
85 COMPLETE BLOOD COUNT (CBC)			
86 CHOLESTEROL TEST			
87 FLOCCULATION TEST			
88 HEMATOCRIT			
89 PLATELET COUNT (REES-ECKER)			
90 POTASSIUM TEST - BLOOD			
91 PROTHROMBIN TIME TEST			
92 SEDIMENTATION RATE			
93 BLOOD SUGAR			
94 BUN-UREA - NITROGEN			
95 URIC ACID			
96 FECES-OCCULT BLOOD-SCREENING			
97 PAP TEST			
98 ROUTINE URINALYSIS			
99 CHEMICAL URINALYSIS			
100 PATHOLOGY - THREE SPECIMENS			
101 ELEC MONITORING-PACEMAKER			
102 DONOR NEPHRECTOMY-UNILATERAL			
103 KIDNEY TRANSPLANT			
104 HOSPITAL BED - RENTAL			
105 WALKER - RENTAL			
106 WHEELCHAIR - RENTAL			
107 LIQUID OXYGEN - RENTAL			
108 HOSPITAL BED - PURCHASE			
109 WALKER - PURCHASE			
110 WHEELCHAIR - PURCHASE			

WISCONSIN
LOCALITY DESIGNATION FOR SPECIALIST

H-46	I-54	J-60	
412.60*	404.30*	371.30*	56
804.50*	837.50*	773.60*	57
495.10*	515.70*	433.20*	58
134.10*	99.00*	103.20*	59
17.00	24.75*	15.00	60
1114.00*	783.90*	990.20*	61
1114.00*	1155.20*	990.20*	62
928.30*	1039.70*	928.30*	63
33.90*	31.20*	37.00	64
29.30*	27.00*	32.00	65
15.60*	15.90*	15.00	66
1031.40*	907.70*	825.20*	67
20.60*	26.00	20.60*	68
30.90*	30.90*	30.90*	69
51.60*	68.00	51.60*	70
49.50*	49.50*	37.10*	71
72.20*	85.80*	82.50*	72
61.90*	80.00	72.20*	73
27.50*	27.50	26.20*	74
28.25*	30.00	26.30*	75
60.30*	64.00	56.10*	76
325.00	325.00	320.30*	77
424.40*	460.00	387.40*	78
22.00	22.00	22.00	79
31.50	31.50	31.50	80
22.70	22.70	22.70	81
5.00L	5.00L	5.00L	82
14.50	14.50	14.50	83
5.00L	5.00L	5.00L	84
15.50L	15.50L	15.50L	85
9.00L	9.00L	9.00L	86
8.40	8.40	8.40	87
5.00L	5.00L	5.00L	88
10.75	10.75	10.75	89
11.60	11.60	11.60	90
8.25L	8.25L	8.25L	91
7.00L	7.00L	7.00L	92
9.00L	9.00L	9.00L	93
10.00L	10.00L	10.00L	94
10.00L	10.00L	10.00L	95
6.00	6.00	6.00	96
8.50L	8.50L	8.50L	97
7.00L	7.00L	7.00L	98
5.00	5.00	5.00	99
31.00	31.00	31.00	100
36.60*	34.30*	38.00	101
1334.20*	1200.90*	1237.10*	102
2175.85*	2175.85*	2175.85*	103
48.00L	48.00L	48.00L	104
10.00	10.00	10.00	105
26.00L	26.00L	26.00L	106
80.00	80.00	80.00	107
458.00L	458.00L	458.00L	108
49.00	49.00	49.00	109
305.00L	305.00L	305.00L	110

WYOMING

WYOMING



One Locality - Statewide

1984 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WYOMING
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		28.00*	1
2 INITIAL LIMITED OFFICE VISIT		35.00*	2
3 INITIAL INTERMED OFFICE VISIT		35.00	3
4 INITIAL COMP OFFICE VISIT	60.70*	72.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.80*	8.20*	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.50*	14.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	16.60*	20.00*	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00*	22.00*	8
9 EXTENDED F/U OFFICE VISIT	20.00*	26.00*	9
10 COMP FOLLOWUP OFFICE VISIT	35.00*	61.90*	10
11 BRIEF FOLLOWUP HOME VISIT	20.75*	24.80*	11
12 LIMITED FOLLOWUP HOME VISIT		34.90*	12
13 INTERMDIATE F/U HOME VISIT	22.40*	24.40*	13
14 EXTENDED CARE FACILITY VISIT		14.00*	14
15 BRIEF F/U NURSING HOME VISIT	12.50*	14.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	31.00*	50.50*	16
17 INIT INTERMED HOSPITAL VISIT		72.20*	17
18 INITIAL COMP HOSPITAL VISIT	67.10*	82.70*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.60*	20.75*	19
20 LIMITED F/U HOSPITAL VISIT	20.75*	20.75*	20
21 INTERMED F/U HOSPITAL VISIT	26.00*	36.00*	21
22 EXTENDED F/U HOSPITAL VISIT		31.00*	22
23 BRIEF EMERGENCY ROOM VISIT		25.90*	23
24 LIMITED EMERGENCY ROOM VISIT			24
25 INTERMED EMERGENCY ROOM VISIT			25
26 LIMITED CONSULTATION	41.20*	38.90*	26
27 EXTENSIVE CONSULTATION		72.20*	27
28 COMPREHENSIVE CONSULTATION		105.00*	28
29 PSYCHOTHERAPY-ONE HOUR		55.00*	29
30 PSYCHOTHERAPY-HALF HOUR		35.00*	30
31 CHIROPRACTIC OFFICE VISIT	12.00*	12.50*	31
32 INITIAL PHYSIOTHERAPY		38.90	32
33 F/U PODIATRIC OFFICE VISIT		14.40*	33
34 ELECTROCARDIOGRAM (EKG)	31.00*	31.00*	34
35 EKG-INTERPRET AND REPORT ONLY	10.00*	13.50*	35
36 SPIROMETRY		40.00*	36
37 ELECTROENCEPHALOGRAM (EEG)		87.00*	37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS		3.00*	39
40 DEBRIDEMENT OF NAILS		12.90*	40
41 SKIN BIOPSY		31.00*	41
42 CHEMOCAUTERY		20.75*	42
43 RADICAL MASTECTOMY			43
44 OPEN REDUCTION OF FRACTURE		825.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	36.30*	36.90*	45
46 CORONARY ARTERY BYPASS		4376.40*	46
47 TOTAL ARTIFICIAL HIP REPLACE		1328.80*	47
48 NEEDLE PUNCTURE OF BURSA		31.00*	48
49 BRONCHOSCOPY		184.50*	49
50 THORACENTESIS		31.00	50
51 CATHERIZATION OF HEART		553.50	51
52 INSERTION OF PACEMAKER		1230.00*	52
53 PARTIAL COLECTOMY		928.40*	53
54 APPENDECTOMY	484.00*	464.30*	54
55 SIGMOIDOSCOPY		31.00*	55

1984 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WYOMING
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		340.50*	56
57 CHOLECYSTECTOMY		773.90*	57
58 REPAIR HERNIA		412.70*	58
59 DIAGNOSTIC CYSTDURETHROSCOPY	60.50*	61.90*	59
60 DILATION OF URETHRA		20.75*	60
61 PROSTATECTOMY - SUPRAPUBIC		984.00*	61
62 ELECTROSECTION-PROSTATE (TUR)	750.20*	825.40*	62
63 HYSTERECTOMY		928.40*	63
64 INITIAL COMPLETE EYE EXAM		31.10*	64
65 COMPREHENSIVE EYE EXAM		31.10	65
66 EYE EXAM WITH TONOMETRY		15.00*	66
67 EXTRACTION OF LENS	968.00*	866.60*	67
68 CHEST X-RAY - SINGLE VIEW	20.75*	26.00*	68
69 CHEST X-RAY - TWO VIEWS	31.00*	31.00*	69
70 X-RAY SPINE		31.00*	70
71 X-RAY HIP		31.00*	71
72 X-RAY UPPER GI TRACT	61.90*	61.90*	72
73 X-RAY COLON		61.90*	73
74 RADIATION THERAPY-LOW VOLT	32.10*	31.20*	74
75 RADIATION THERAPY-SUPER VOLT	42.80*	41.60*	75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD		228.80*	77
78 CAT SCAN - ABDOMEN		260.00*	78
79 THREE CHEMISTRY TESTS		14.00*	79
80 NINETEEN CHEMISTRY TESTS		29.00*	80
81 CULTURE - OTHER THAN BLOOD		12.00*	81
82 HEMOGLOBIN		5.00L	82
83 AUTOMATED BLOOD COUNT			83
84 WHITE CELL COUNT		5.00*	84
85 COMPLETE BLOOD COUNT (CBC)		17.00L	85
86 CHOLESTEROL TEST		12.00L	86
87 FLOCCULATION TEST		10.00*	87
88 HEMATOCRIT		5.00*	88
89 PLATELET COUNT (REES-ECKER)		10.00*	89
90 POTASSIUM TEST - BLOOD		14.00*	90
91 PROTHROMBIN TIME TEST		9.40L	91
92 SEDIMENTATION RATE		8.00L	92
93 BLOOD SUGAR		11.00L	93
94 BUN-UREA - NITROGEN		15.00L	94
95 URIC ACID		13.75L	95
96 FECES-OCCULT BLOOD-SCREENING		5.00*	96
97 PAP TEST		10.00*	97
98 ROUTINE URINALYSIS		7.00L	98
99 CHEMICAL URINALYSIS		4.17*	99
100 PATHOLOGY - THREE SPECIMENS		40.00*	100
101 ELEC MONITORING-PACEMAKER		25.30*	101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL			104
105 WALKER - RENTAL			105
106 WHEELCHAIR - RENTAL		25.00*	106
107 LIQUID OXYGEN - RENTAL			107
108 HOSPITAL BED - PURCHASE		669.00*	108
109 WALKER - PURCHASE			109
110 WHEELCHAIR - PURCHASE		468.00*	110

APPENDIX A

ALABAMA

Six Localities:

- 01 Seven N.W. Counties: Colbert, Franklin, Lauderdale,
Lawrence, Limestone, Madison, Morgan
- 02 Six North Central Counties: Calhoun, Dekalb, Etowah,
Fayette, Marshall, Tuscaloosa
- 03 Eight S.E. Counties: Butler, Covington, Crenshaw,
Dallas, Houston, Lee, Montgomery, Russell
- 04 Two S.W. Counties: Baldwin, Mobile (city)
- 05 One large Metropolitan County: Jefferson
- 06 Forty-one small Rural Counties:

Autauga	Henry
Barbour	Jackson
Bibb	Lamar
Blount	Lowades
Bullock	Marengo
Chambers	Marion
Cherokee	Monroe
Chilton	Perry
Clark	Pickens
Clay	Pike
Clebourne	Randolph
Coffee	St. Clair
Conceuh	Shelby
Coosa	Sumter
Cullman	Talladega
Dale	Tallapoosa
Elmore	Walker
Escambia	Washington
Geneva	Wilcox
Groene	Winston
Hale	

ARIZONA

Six Localities:

01--Phoenix--including Avondale, Chandler, Clearwater Hills, Cashion, Desert Sage, El Mirage, Gilbert, Glendale, Goodyear, Guadalupe, Litchfield Park, Mesa, Paradis Valley, Peoria, Scottsdale, Sun City, Surprise, Tempe, Tolleson, and Youngtown.

02--Tucson---including Casas Adobes, Catalina Foothills, Desert Steppes, Indiana Ridge Estates, Sherwood Village, South Tucson, and Vista Del Sahuaro.

05--Flagstaff

07--Prescott

08--Yuma

99--All other parts of the State

(City limits are exact boundaries of localities)

CALIFORNIA

Twenty-eight Localities - Conform to PSRO Areas:

Plus Shield handles all of 1-15 and 27

Occidental handles 16-28, except for 27

01 - Del Norte, Humboldt, Lake, Mendocino, Sonoma

02 - Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Sierra, Shasta,
Siskiyou, Sutter, Tehama, Trinity, Yuba

03 - Marin, Napa, Solano

04 - El Dorado, Nevada, Placer, Sacramento, Yolo

05 - San Francisco

06 - San Mateo

07 - Alameda & Contra Costa

08 - Alpine, Amador, Calaveras, San Joaquin & Tuolumne

09 - Santa Clara

10 - Mariposa, Merced, Stanislaus

11 - Madera, Fresno

12 - Monterey, San Benito, Santa Cruz

13 - Kings and Tulare

14 - Kern

15 - Inyo, Mono, San Bernardino

16 - San Luis, Obispo, Santa Barbara (Occidental)

17 - Ventura (Occidental)

(Localities 18 through 25 are composed of cities and parts of Los Angeles denoted by ZIP Codes)

18 :	Altadena Alhambra San Marino Tujunga Glendale San Gabriel Temple City Sunland	Verdugo City Pasadena Garvey Eagle Rock Rosemead La Crescenta Montrose	La Vina El Monte South Pasadena Monterey Park La Canada South San Gabriel Wilmar
19 :	Avalon Wilmington Palos Verdes Estates Long Beach	Terminal Island Hawaiian Gardens Lakewood San Pedro	Dominquez Harbor City Palos Verdes Peninsula Los Alamitos
20 :	Agoura Palmdale Chatsworth Burbank Hidden Hills Olive View Rosedale San Fernando Tarzana Sun Valley Lancaster	Littlerock Canoga Park Quartz Hill Granada Hills North Hollywood Northridge Panorama City Sherman Oaks Studio City Woodland Hills Toluca Lake	Calabasas Pearblossom Encino Mission Hills Newhall Pacoima Saugus Sepulveda Van Nuys Sylmar
21 :	Commerce Glendora East Los Angeles Rowland Heights Norwalk Valinda Whittier La Verne Baldwin Park Walnut	Durante La Mirada Monrovia Montebello Santa Fe Springs Claremont Azusa San Dimas	Hacienda Heights La Puente Los Nietos Sierra Madre Pico Rivera West Covina Arcadia Pomona Covina

CALIFORNIA pg. 2

22 : Culver City Santa Monica Malibu
 Sawtelle Marina del Rey Venice
 Mar Vista Westwood Ocean Park
 Pacific Palisades Palms Playa del Rey
 Los Angeles Postal Zones:
 90034 90049 90064
 90066 90073

23 : Gardena Rolling Hills Hermosa Beach
 Torrance Lomita Artesia
 Manhattan Beach Bell Palos Verdes
 Bellflower Redondo Beach Bell Gardens
 Compton Willowbrook Downey
 El Segundo Home Gardens Hawthorne
 Huntington Park Inglewood Lynwood
 Lawndale Maywood Lennox
 Paramount South Gate
 Los Angeles Postal Zones:
 90009 90045

24 : Los Angeles Postal Zones: Metropolitan Center
 90006 90013 90033
 90008 90056 90007
 90012 90023 90053
 90043 90062 90018
 90058 90005 90014
 90035 90042 90059
 90002 90016 90031
 90003 90055 90004
 90057 90020 90039
 90037 90001 90010
 90017 90065 90054
 90047 90026 90019
 90021 90011 90063
 90061 90015 90051
 90032 90044

25 : Beverly Hills
 Los Angeles Postal Zones:
 90027 90028 90029
 90036 90038 90046
 90048 90068 90069

26 : Orange County

27 : Riverside County (California Blue Shield)

28 : San Diego & Imperial Counties.

CONNECTICUT

Four Localities:

01- Northwest and North Central - City of New London, Hartford County,
Litchfield County (except New Milford, Washington, Bridgewater,
and Roxbury Townships), Tolland County (except Willington,
Coventry, Mansfield, and Columbia Townships), and Southbury,
Middlebury, Waterbury, Wolcott, Naugatuck, Beacon Falls,
Prospect, Cheshire, Wallingford, and Meriden Townships in
New Haven County.

02- Southwest - New Milford, Washington, Bridgewater, and Roxbury
Townships in Litchfield County and Fairfield County (except
Monroe, Shelton, Trumbull, Easton, Fairfield, Bridgeport, and
Stratford).

03 - South Central - Oxford, Seymour, Darby, Orange, Ansonia, Bethany,
Woodbridge, Hamden, North Haven, New Haven, North Branford,
Guilford, Madison, Branford, East Haven, West Haven, and
Milford Townships in New Haven County and Monroe, Shelton,
Trumbull, Easton, Fairfield, Bridgeport, and Stratford
Townships in Fairfield County.

04 - Northeast and Southeast - Middlesex County, New London County
(except the City of New London), Windham County, and Willington,
Coventry, Mansfield, and Columbia Townships in Tolland County.

GEORGIA

Four Localities (by counties):

- 01 Fulton, Clayton, Dekalb, Butts, Cherokee, Cobb, Douglas,
Fayette, Forsyth, Gwinnett, Henry, Newton, Paulding,
Rockdale, Walton
- 02 Chatham, Houston, Bibb, Richmond, Muscogee
- 03 Whitfield, Floyd, Troup, Coweta, Hall, Spalding, Clarke,
Baldwin, Laurens, Bulloch, Ware, Glynn, Lowndes, Dougherty,
Catoosa, Thomas, Walker
- | | | | |
|------------|-------------|---------------|------------|
| 04 Lumpkin | Habersham | Upton | Talbot |
| Union | Stephens | Chattahoochee | Crawford |
| Towns | Franklin | Polk | Pike |
| White | Hart | Haralson | Heard |
| Rabun | Jackson | Carroll | Pikens |
| Banks | Madison | Seminole | Gilmer |
| Oconee | Elbert | Miller | Dade |
| Oglethorne | Barrow | Baker | Dawson |
| Lincoln | Dodge | Atkinson | Newton |
| Taliaferro | Randolph | Lanier | Morgan |
| Jasper | Terrell | Clinch | Greene |
| Putnam | Crisp | Echols | Wilkes |
| Hancock | Sumter | Calhoun | McDuffie |
| Glascok | Dooly | Clay | Columbia |
| Warren | Macon | Quitman | Washington |
| Chattooga | Peach | Stewart | Jefferson |
| Gordon | Harris | Webster | Burke |
| Murray | Merriwether | Schley | Emanuel |
| Bartow | Lamor | Marion | Screvin |
| Fannin | Monroe | Taylor | Ettingham |
| Taltnall | Liberty | Long | Toombs |
| Appling | Wayne | Brooks | Grady |
| Decatur | Colquitt | Worth | Ben Hill |
| Early | Cook | Tift | Telfair |
| Mitchell | Berrien | Coffee | Jones |
| Wilkinson | Jenkins | Bleckley | Montgomery |
| Twiggs | Truett | Palaski | Evans |
| Johnson | Candler | Wheeler | Bryan |
| Jeff Davis | Bacon | McIntosh | Candler |
| Charlton | Brantley | Pierce | Irwin |
| Turner | Lee | Wilcox | |

INDIANA

Three Localities:

- 01 - Metropolitan-
Lake, Porter, LaPorte (Northwest Indiana)
Allen (Ft. Wayne)
Marion (Indianapolis), Shelby
Madison, Delaware (Anderson, Muncie)
Vanderburgh (Evansville)
- 02 - Urban-
Monroe, Grant, Tippecanoe, St. Joseph(South Bend), Clark,
Wayne, Wells, Floyd, Vigo(Terre Haute), Elkhart, Howard,
Cass, Henry, Lawrence, Kosciusko, Bartholomew, Hancock,
Hendricks, Johnson, Knox, LaGrange , Daviess
- 03 - Rural- Remaining Counties

MASSACHUSETTS

Two Localities: 01 Urban, 02 Suburban/Rural

AREA 01 -- Urban -- includes the following places

BOSTON SMSA (Essex County) Beverly	Arlington	Cohasset	Boston SMSA (cont.) (Suffolk County) Boston	Leicester	Southwick
Lynn	Ashland	Dedham	Chelsea	Hillbury	West Springfield
Peabody	Bedford	Dover	Revere	Northborough	Hilbraham
Salem	Belmont	Holbrook	Winthrop	Northbridge	(Hampshire County)
Danvers	Burlington	Medfield	BROCKTON SMSA (Bristol County)	North Brookfield	Northampton
Hamilton	Concord	Mills	Easton	Oxford	Easthampton
Lynnfield	Framingham	Milton	(Norfolk County) Avon	Paxton	Granby
Manchester	Lexington	Medham	Stoughton	Shrewsbury	Hadley
Marblehead	Lincoln	Norfolk	(Plymouth County) Brockton	Spencer	South Hadley
Middleton	Natick	Norwood	Abington	Sterling	(Worcester County)
Mahant	North Reading	Randolph	Bridgewater	Sutton	Warren
Saugus	Reading	Sharon	East Bridgewater	Upton	<u>PITTSFIELD SMSA</u>
Swampscott	Sherborn	Walpole	Hanson	Westborough	(Berkshire County)
Topsfield	Stineham	Wellesley	West Bridgewater	<u>SPRINGFIELD-CHICOPEE- HOLYOKE, MASS.-CONN.-- SMSA</u>	Pittsfield
Wenham	Sudbury	Westwood	Whitman	Mass. portion (Hampden County)	Dalton
(Middlesex County) Cambridge	Wakefield	Weymouth	WORCESTER SMSA (Worcester County) Worcester	Chicopee	Lanesborough
Everett	Watertown	(Plymouth County) Duxbury	Auburn	Holyoke	Lee
Malden	Wayland	Hanover	Berlin	Springfield	Lenox
Medford	Weston	Hingham	Boylston	Westfield	
Melrose	Wilmington	Hull	Brookfield	Agawam	
Newton	Winchester	Marshfield	East Brookfield	East Longmeadow	
Somerville	(Norfolk County) Quincy	Norwell	Grafton	Hampden	
Waltham	Draintree	Pembroke	Holden	Longmeadow	
Woburn	Brookline	Rockland		Ludlow	
	Canton	Scituate		Monson	
				Palmer	

MASSACHUSETTS (Cont'd)

AREA 02 - Suburban/Rural - includes the following places in
SMSA's and the remainder of the State.

<u>FALL RIVER, MASS.-R.I.</u> <u>SMSA</u>	Westford	(Norfolk County)
Mass. portion (Bristol County)	<u>New Bedford, Mass.</u> <u>SMSA</u>	Bellingham
Fall River	(Bristol County)	Franklin
Somerset	New Bedford	Plainville
Swansea	Acushnet	Wrentham
Westport	Dartmouth	(Worcester County)
<u>LAWRENCE-HAVERHILL, MASS.-</u> <u>N.H. SMSA</u>	Fairhaven	Blackstone
Mass. portion (Essex County)	(Plymouth County)	Millville
Lawrence	Marion	
Haverhill	Mattapoisett	
Andover	<u>FITCHBURG-LEOMINSTER SMSA</u>	
Georgetown	(Middlesex County)	
Groveland	Shirley	
Herrinac	Townsend	
Hethuen	(Worcester County)	
North Andover	Fitchburg	
West Newbury	Leominster	
<u>LOWELL, MASS. SMSA</u>	Lunenburg	
(Middlesex County)	Westminster	
Lowell	<u>PROVIDENCE-PAWTUCKET-</u> <u>WARWICK, R.I.-R.I.S.</u> <u>SMSA</u>	
Billerica	Mass. portion (Bristol County)	
Chelmsford	Attleboro	
Dracut	North Attleborough	
Tewksbury	Rehoboth	
Tyngsborough	Seekonk	

Two Localities:

01- Rural - All ZIP Codes starting with 386,387,388,389,390,391,393,
394,396,397 (except 38801, 39301, 39401) and the
following 395 ZIP Codes:

39550-Bond	39561-McHenry
39552-Escatawpa	39572-Pearlington
39553-Gautier	39573-Perkinston
39555-Hurley	39574-Saucier
39556-Kiln	39575-Wade
39558-Lakeshore	39577-Wiggins

02- Metropolitan - All ZIP Codes starting with 392 and 395 (except as
noted in area 01 above) and the following:

392__	Jackson
395__	Biloxi
38801	Tupelo
39301	Meridian
39401	Hattiesburg

MISSOURI

Seven Localities:

General American Life

- 01 - Cities of Columbia, Jefferson City, Springfield, Metropolitan St. Louis, St. Louis County and St. Charles County
- 02 - Cities of Joplin, Cape Girardeau, Kirksville, Poplar Bluff, Hannibal, Sikeston and Jefferson County (City limits boundaries except Jefferson County)
- 03 - Rural - rest of State except Blue Shield of Kansas City area

Blue Shield of Kansas City - Missouri

- I - Buchanan County (rural)
- II - Clay and Platte Counties (suburban)
- III - Jackson County (metropolitan)
- VI - Rural - Andrew, Atchison, Bates, Benton, Caldwell, Carroll, Cass, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Ray, St. Clair, Saline, Vernon, Worth

NEW YORK

Ten Localities:

New York B/S of Greater New York

- A - New York County
- B - Bronx, Kings, Richmond, Westchester, Nassau, Rockland, and Suffolk Counties
- C - Dutchess, Orange, Putnam, Sullivan, Ulster, Columbia, Delaware, and Green Counties

Group Health Insurance - New York

Queens County

Blue Shield of Western New York

Geographic Area I

Alleghany, Cattaraugus, Erie, Genessee, Niagara, Orleans and Wyoming Counties

Geographic Area II

Livingston, Monroe, Ontario, Seneca, Wayne and Yates Counties

Geographic Area III - Includes the following cities:

Albany	Saratoga Springs	Cooperstown
Binghamton	Schnectady	Marcellus
Endicott	Syracuse	Fayetteville
Glens Falls	Utica	New Hartford
Johnson City	Troy	Ogdensburg

(The city limits are the locality boundaries.)

Geographic Area IV - All towns and communities in the following counties other than the nine cities shown in Area III:

Albany	Fulton	Rensselaer
Broome	Hamilton	Saratoga
Cayuga	Herkimer	Schnectady
Chautauqua	Jefferson	Schoharie
Chemung	Lewis	Schuyler
Chenango	Madison	St. Lawrence
Clinton	Montgomery	Steuben
Cortland	Oneida	Tioga
Essex	Onondaga	Tompkins
Franklin	Oswego	Warren
	Otsego	Washington

Texas

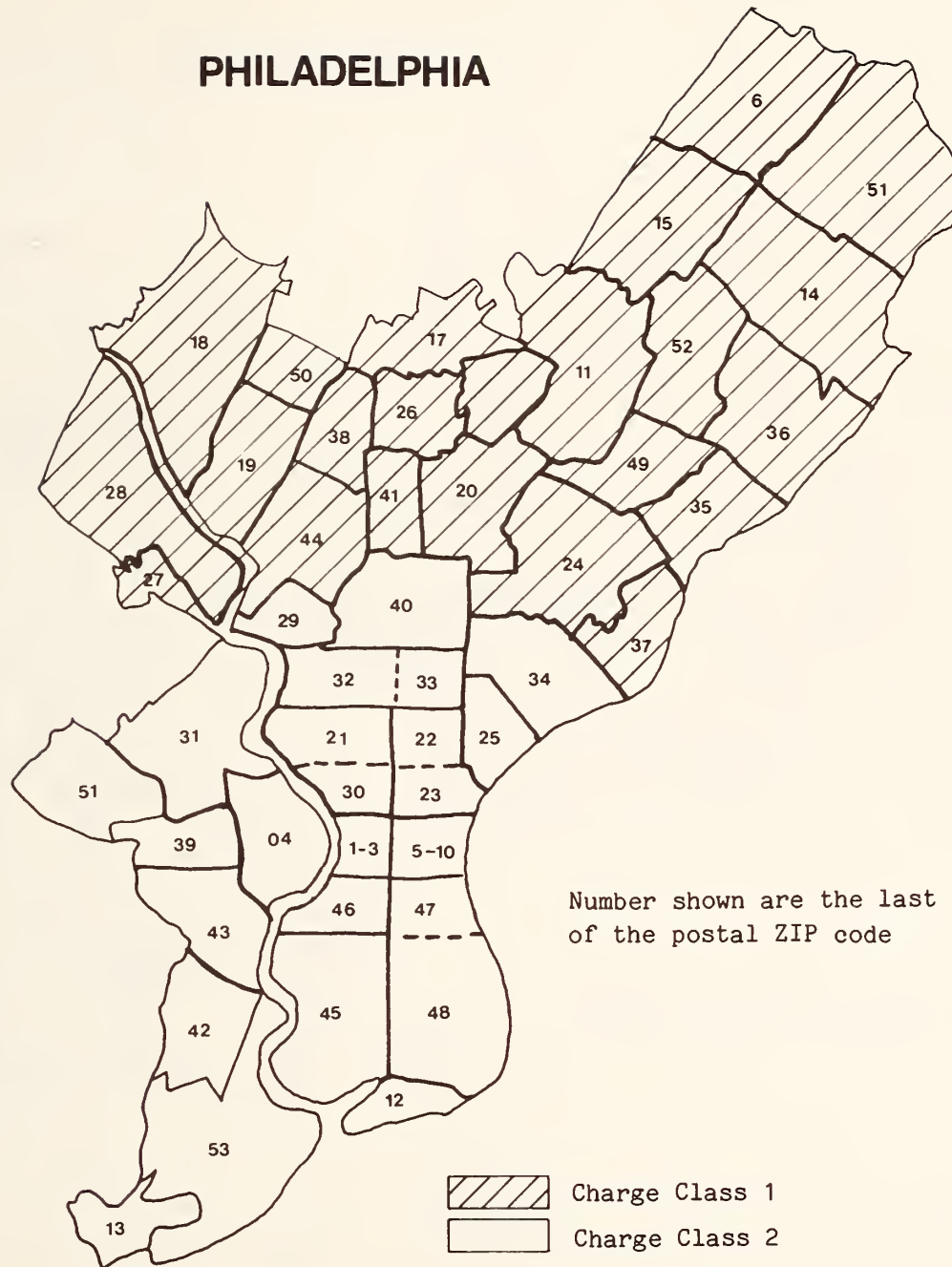
Thirty-Two Localities:

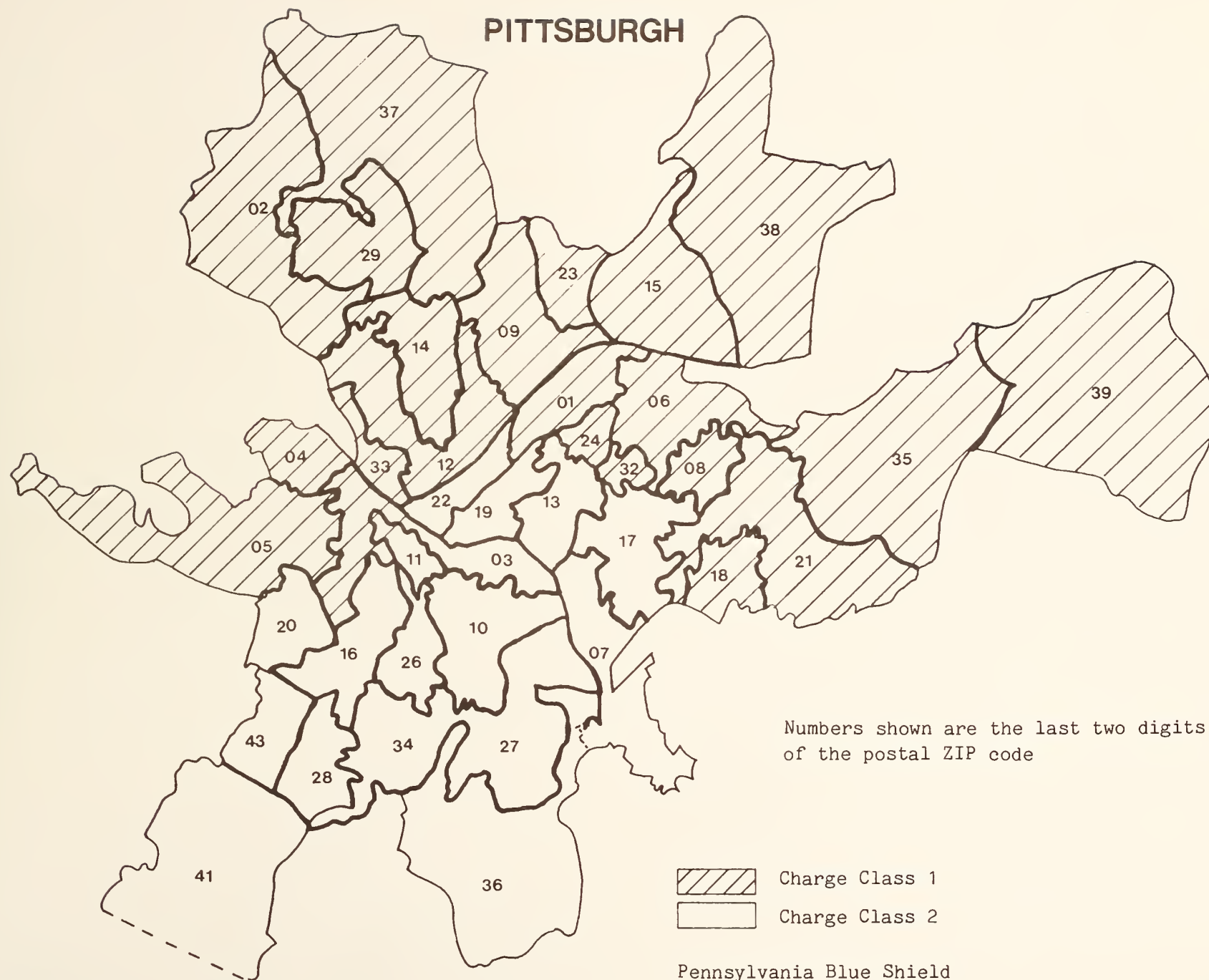
Counties -(Cities)

- | | |
|--|--|
| 02 - North Central, North East Texas
(see right side of page) | 24 - Nueces (Corpus Christi) |
| 03 - Central, South, Southeast Texas
(see right side of page) | 25 - Orange (Orange) |
| 04 - Panhandle and West Texas
(see right side of page) | 26 - Potter (Amarillo) |
| 06 - Bell (Killeen-Ft. Hood) | 27 - Smith (Tyler) |
| 07 - Bexar (San Antonio) | 28 - Tarrant (Fort Worth) |
| 08 - Bowie (Texarkana) | 29 - Taylor (Abilene) |
| 09 - Brazoria (Freeport) | 30 - Tom Green (San Angelo) |
| 10 - Cameron (Brownsville) | 31 - Travis (Austin) |
| 11 - Dallas (Dallas) | 32 - Victoria (Victoria) |
| 12 - Denton (Denton) | 33 - Webb (Laredo) |
| 14 - El Paso (El Paso) | 34 - Wichita (Wichita Falls) |
| 13 - Ector (Odessa) | |
| 15 - Galveston (Galveston) | |
| 16 - Grayson (Sherman) | (The localities are
determined on a County
basis. The cities listed
are major cities in the
locality.) |
| 17 - Gregg (Longview) | |
| 18 - Harris (Houston) | |
| 19 - Hidalgo (Pharr-McAllen) | |
| 20 - Jefferson (Beaumont) | |
| 21 - Lubbock (Lubbock) | |
| 22 - McLennan (Waco) | |
| 23 - Midland (Midland) | |

- 02 - Throck Morton, Stephens, Palo Pinto, Lampasas, Morris, Montague, Cooke, Fannin, Lamar, Red River, Collin, Hunt, Delta, Titus, Camp, Cass, Trinity, Marion, Harrison, Panola, Rusk, Wood, Hopkins, Rains, Kaufman, Van Zandt, Parker, Ellis, Johnson, Hood, Jack, Rockwall, Coryelle, Wise, Somervell, Erath, Hill, Bosque, Hamilton, Freestone, Limestone, Anderson, Navarro, Leon, Upshur, Houston, Madison, Franklin, Cherokee, Falls, and Young Counties.
- 03 - Shelby, Sabine, Angelini, Newton, Jasper, Tyler, Polk, Macogdoches, San Augustine, Walker, San Jacinto, Hardin, Chambers, Grimes, Montgomery, Robertson, Brazos, Burleson, Washington, Lee, Williamson, Burnet, Henderson, Aransas, Austin, Colorado, Wharton, Gillespie, Blanco, Kendall, Kerr, Hays, Caldwell, Fayette, Matagorda, Calhoun, Refugio, Lavaca, Gonzales, San Patricio, Kleberg, Waller, Kenedy, Willacy, Jim Wells, Duval, Brooks, Zapata, Starr, Jim Hogg, La Salle, McMullen, Live Oak, Bee, Karnes, Wilson, Atascosca, Frio, Medina, Comal, Fort Bend, De Witt, Goliad, Bandera, Guadalupe, Jackson, Liberty, Milam, Llano, Bastrop Counties.
- 04 - Dallam, Sherman, Hansford, Ochiltree, Hartley, Moore, Hutchinson, Hemphill, Carson, Gray, Wheeler, Deaf Smith, Randal, Armstrong, Donley, Parmer, Castro, Swisher, Briscoe, Hall, Childress, Shackelford, Baily, Lamb, Hale Floyd, Motley, Cottle, Foard, Wilbarger, Clay, Archer Baylor, Knox, Dickens, Crosby, Hockley, Cochran, Yoakum, Terry, Lynn, Garza, Kent, Stonewall, Haskell, Gaines, Dawson, Borden, Schurry, Fisher, Jones, King, Winkler, Ward, Upton, Runnels, Collingsworth, Brewster, Hardeman, Iron, Lipscomb, Menard, Oldham, Andrews, Martin, Howard, Mitchell, Nolan, Callahan, Eastland, Hudspeth, Culberson, Reeves, Loving, Glasscock, Sterling, Coke, Coleman, Brown, Crane, Roberts, Regan, Concho, McCulloch, Sutton, Mason, Schleicher, Crockett, Pecos, Jeff Davis, Presidio, Terrell, Val Verde, Kimble, Edwards, Kinney, Comanche, Mills, San Saba, Real, Uvalde Zavala, Dimmit and Maverick Counties.

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